V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 00074
1. PLACE OF DEATH	98-2
County anne arundel	Registration Dist. No. 7-2
Village or City & atrepeut	No. St., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Daniel Webste	allen
(a) Residence: No. Box 134 - Rt 1	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
Male while Married	21. DATE OF DEATH /2 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Aebecca allen	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Usley 11, 1861	I last saw h Lus alive on 1/12 , 193 4, death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4.9m.
73 8 / 1 day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Browshofmumone a 14/34
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
O 10. Date deceased last worked at this occupation (month and year) spant in this occupation	
m . 0 1	Other Contributory Causes of importance
12. BIRTHPLACE (city or town) (State or country)	Myocardeles 1929
II 13. NAME Stoney Webster Cellen	
14. BIRTHPLACE (city or town) Maryland	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sarah Heaps	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Sarah Heaps 16. BIRTHPLACE (city or town) Murylund	Accident, suicide, or homicide? Date of injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Gussell allen	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) /3 71. Basedale ST 18. BURIAL, CREMATION, OR REMOVAL	
Place Transly Complexente Jan 14 193.	Manner of injury
10 HADEDTANES DO MI HOTO MAG DALA DA	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER OF OF ON COLORS	If so, specify
20. FILE An 13 134 A. F. Or perces	(Signed) /3 / Wavers M.D.
Deph Tocal Registrar.	(Address) Fassel light
If more blanks are needed, address State Registra	7, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 00075
L PLACE OF DEATH	(23)
County (since Clumdel	Ded al. Registration Dist. No. 2. 5
Village or City Pour Land	No. Redmont Teal to Trad = ward
Longth of socidence in city or house the death () 15	If death occurred in a hospital or institution, give its NAME Instead of street and number)
D. C. D.	sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME KMPE 1) armand	
(a) Residence: No. 6 / N. J. Quantity G. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Loler Cd 5. SINGLE, MARRIED, WIDOWED, OR DLYORCED (write the word) Widowed, or divorced	21. DATE OF DEATH Samuary (Month) (Day) (Year)
HUSBAND of Cor) WIFE of Ruth Barnard	22. I HEREBY CERTIFY, That I attended deceased from
P	, 19, to, 19, 19
DATE OF BIRTH (month, day, and year) / 90 /	work as follows: OF DEATH and related causes of importance
B. Teade, profession, or particular	Date of onset
SAWYER, BODKKEEPER, etc.	Hemistrage from the Jungs Jun \$ 34
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked et this occupation (month and year) 11. Total time (years) spent in this occupation larger.	
BIRTHPLACE (city or town) Lamden M. Lo. (State or country)	Other Contributory Causes of importance: Other Contributory Vulsuary ary Tuberand oles
13. NAME Cruest Barnard	+ AND DOOR AND CO.
14. BIRTHPLACE (city or town) - Austha Casolina (State or country)	Name of operation
15. MAIDEN NAME Kate Worser	23. If death was due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) - Musth Carolina (State or country)	Accident, suicide, or homicide?
INFORMANT Catio Baznardo (Address) 767- In Languaga Sa	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mot Malven Date from 13 , 19 3 1	- Nature of injury
UNDERTAKER Byron & Marie Margh (Address) 12(8 mc Closery St Bala	24. Was disease or injury in any way related to occupation of deceased?
FILED Jun 13, 1934 Ida M. Whiten Registrar.	(Signed) John Kranne (JP) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 8.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage PER	July 5,1927	Peritonitis	3 days ago
TO LE MAN	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

		7.0
4		
1.00	•.	y man it

mation should be earefully supplied. AGE should be stated EXACTLY.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

PHYSICIANS should state

of OCCUPA-

properly classified. Exact statement

-WRITE PLAINLY, WITH

B.

SIAIL	F MARTLAND	CERTIFICATE OF DEATH	0076
1. PLACE OF DEATH	b. T.7	(131)	•
County Think	mo	Registration Dist. No.	-0
Village or City David	Conville (1)	No. St., death occurred in a hospital or institution, give its NAME instead of street and	Ward number)
Length of residence in city or town where	death occurredmos	ds. How long in U.S. if of foreign birth?yrs	mosds.
2. FULL NAME Jol	onew Ba	mey	
(a) Residence: No. Davie	Committee her.	St., o. Ward.	
	(Usual place of abode)	If nonresident give city or town an	d State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED WIDOWED, OR DWORCED (write the word)	21. DATE OF DEATH (Month) (Dey)	., 193 4 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of		22. I HEREBY CERTIFY, That I attende	d deceased from
6. DATE OF BIRTH (month, day, end year)	A A 1866	Mast saw horse alive on Sur 19 Th 1934	Language : death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 140 m.	, 000111 75 3010
68 - maken	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance	1
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	ormin.	were as follows: Lecture Level age	Oate of onset Ju 141
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and see the see t	about		
10. Oate deceased last worked at this occupation (month and 33	11. Total time (years) spent in this occupation		. ==
12. BIRTHPLACE (city or town)	0	Other Contributory Causes of importance:	
(State or country)	1 Camo	Thomas must lead hephration	
13. NAME PLACE (obj) or town)	boney	And artonio saldeni.	
14. BIRTHPLACE (oty) or town)	2	Name of operation Date of_	
(State of country)	any	What test confirmed diagnosis? Was there an	autopsy?
15. MAIOEN NAME	a Whole	23. If death was due to external causes (VIOLENCE) fill in also the following	ng:
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	my Com	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17, INFORMANT Days el	& arney	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate) 'LACE,
18. BURIAL, CREMATION, OR, REMOVAL Place Dance Jun 21	Moste Jan 1770, 1934	Manner of injury Nature of injury	
19. UNOERTAKER US (Address)	witte mo	24. Was disease or injury in any way related to occupation of deceased?	
20. FILEO Jam. 17, 1934. la	errie Shirt	(Signed) Northmer Hayes	Pusi - M. D.

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9.—The industry or business in which the work was done.

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	Example II	
Date of onset	The principal cause of death and related causes Date of importance were as follows:	
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	GEVELVED	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
à à		
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1 B

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00077
1. PLACE OF DEATH	——————————————————————————————————————
County Anno Arundul	Registration Dist. No. 23
Village or City List Ducum Keights	No. Hammonts derry Resal Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME HEAVY William Boess	e
(a) Residence: No. Hammondo derry 12	Usta Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White OR, DIVORCED (write the word)	65 January 193 4
5a, If married, widowed, or divorced	(Month) (Day) / (Year)
HUSBAND OF Lena Matzen	22. I HEREBY CERTIFY, That I attended deceased from 25 Sec 1933 to 25 Jan 1934
6. DATE OF BIRTH (month, day, and year) 13 January 1841	I last saw have alive on 25 Jan 4, 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3 45 fm.
63 0 12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- 4.8. Trade, profession, or particular	Myseardial Fisher Date of onset
Onition, Doubletten, etc.	1951
9. Industry or husiness in which work was done, as SILK MILL. Maker of Jewelry SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (highly and year) year) 11. Total time (years) spont in this year)	
this occupation (high thrand year) spent in this year) year) spent in this	
12. BIRTHPLACE (city or town) Annasslis	Other Contributory Causes of importance:
(State or country) Maryland	
13. NAME (Aristian BORSSE!	
13. NAME (AVISTIAN BORSSE) 14. BIRTHPLACE (city or town) 22/14 5+ 13/4551 S	Name of operation Page of
(State or country) 24CM5 (78TM), Germany	What test confirmed diagnosis Deservation Was there an autopsy?
15. MAIDEN NAME Margaret Dolsch	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Paltamone	Accident, suicide, or humicide? Date of injury 19
(State or country) Manyland	Where did injury occur?
17. INFORMANT Miz Lena Matzen Boessel	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Linghicum Heights Maryllust	none
Place Hillus Cem. amapalio, mas gan 28, 1934	Nature of injury None
19. UNDERTAKER JOSEPH & Dieglion Jua; (Address) Luthicema Steagle nd	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 25 MM, 1924 Albrill Washing.	(Signed Clowell Marghant end Maryland) (Address) / (Attoricy on the end of the Maryland)
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To he complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1		Example II	100
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were a		Date of onset
Arteriosclerosis	1915	Attack of epilepsy	B A AVINO	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	in the same of the	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	MAN SO MAL	3 days ago
			CHARRA	
Other contributory causes of importance:		Other contributory c	auses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

V. S. No. 1

N. BWRITE PLAINLY, WIT, UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
UNFADING INK—THIS IS A PER	supplied. AGE should be stated E	terms, so that it may be properly of	TION is very important. See instructions on back of certificate.
N. B.—WRITE PLAINLY, WIT.	mation should be carefully s	CAUSE OF DEATH in plain	TION is very important. Se

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00078
1. PLACE OF DEATH	(95-2)
County Chang Canada	Registration Dist. No. 21
Village or City M. Coscoay"	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Vashield Gran	ford
(a) Residence: No. Accepta G. G.	Sig. Crustal
(Usual place of abote) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male Colored OR DIVORCED (write the word)	Monthy (Day), 1933
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and yeer)	
7. AGE Years 45 Months Days If LESS than 1 day,hrs. ormin.	to bave occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Data of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month end	L 1
SAW MILL, BANK, etc	of bear
this occupation (month end spant in this occupation occupation	
12. BIRTHPLACE (city or town) Umbrene (State or country)	Other Contributory Causes of Importance:
13. NAME 14. BIRTHPLACE (city or town) 2 Constant Consta	Neme of operation
E 15. MAIDEN NAME Unferrer	Whet test confirmed diagnosis? Was there an autopsy?
The same of the sa	23. If death was due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?
[State or country]	Where did injury occur?
17. INFORMANT J. Berwenn	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place MT. Jabbe bate 1/30 1934	Manner of injury
19. UNDERTAKER Store Hiers & Miles & M	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 129 , 19 34 Stylen fr. Begistrar.	(Signed) Survay to Verse / M. B. (Address) Leling Corones
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Ballimore, Requestro Nonofoles, Jud

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURGAL V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA.

be properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH-in plain terms, so that it may

ż

STATE OF MARYLAND-CERTIFICATE OF DEATH

00079

Village or City. Grownsylle State Hospine (I death occurred in a horpital or institution, give in NAME instead of street and namber) Length of residence in city or town where death occurred 1.4 yrs. 4mos. 9ds. How long in U.S. If of foreign birth?yrs		LACE OF	DEAT		mundel		92-20
Langth of residence in city or town where death occurred 1.4 yr. 4 mos. 9 ds. How long in U.S. if of foreign birth? yrs. mos. ds. 2. FULL NAME	C	County					Registration Dist. No.
Length of residence in city or town where dash occurred 1.4 yr. A. mos. 9. ds. How long in U.S. If of foreign birth? yrs. mos. ds. 2. FULL NAME	٧	/illage or Cit	у	Grouns	ville	State Hos	Di No. 1 St., Wa
(a) Residence: No. Affice Arindel County, (Unuslables of block) PERSONAL AND STATISTICAL PARTICULARS 1. SEX 1. COLOR OR RACE OR DIVORCE Coverie the word) S. I'married, widowed, or diverced (Gro Wife of Gro	L	ength of reside	ence in city	y or town where d	aath occurred_1	4 yrs. 4 mos	2 ds. How long in U.S. if of foreign birth?mos
(a) Residence: No. Affice Arindel County, (Unuslables of block) PERSONAL AND STATISTICAL PARTICULARS 1. SEX 1. COLOR OR RACE OR DIVORCE Coverie the word) S. I'married, widowed, or diverced (Gro Wife of Gro							
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH							I savlendway
S. SEX female block S. SINGLE, MARRIED, WIDOWED, Plack Solit married, widowed, or divorced (cr) Wife of Cor) Cor) Wife of C	(a) Residence	e: No	Aimic 2	(Usual place	of abode)	
Sent Note of Parts of Note of Control of Husband of Control of Con	F	PERSONA	L AN	STATISTI	CAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH
55. If married, widowed, or divorced HUSEAD of Grown HITE					OR DIVORCE	D (write the word)	January 16th 1934
Sept. 7th 1919., to Jenuary 16 1934 death is said to have occurred on the data stated above, et.: 30A.m. I last sew h. C. I alive on Jenuary 16 1934 death is said to have occurred on the data stated above, et.: 30A.m. To remin. 8. Trade, profession, or perticular kind of work done, as SPINNER, Unknown 8. Trade, profession, or perticular kind of work done, as SPINNER, Unknown 8. Trade, profession, or perticular kind of work done, as SPINNER, Unknown 8. Trade are country or business in which was done, as SIK MILL, To Late of the profession of the country or business in which was done, as SIK MILL, To Late of country or business in which was done, as SIK MILL, To Late of country or business in which was done, as SIK MILL, To Late of country or business in which was done, as SIK MILL, To Late of country or business in which was done, as SIK MILL, To Late of the data stated above, et.: 30A.m. Aguite of a stated above, et.: 30A.m. Aguite of a stated above, et.: 30A.m. The principal of the data stated above, et.: 30A.m. Aguite of a stated above, et.: 30A.m. The principal of the data stated above, et.: 30A.m. Aguite of a	HU:	SBAND of	d, or divor	ced			
T. AGE Vaers 49 Months Days If LESS than 1 day	(41)	7					Sept. 7th 1919 to January 16 1939
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	6. DATE	OF BIRTH (m	nonth, day,	and yaar)	1885		
2. Trade, profession, or perticular bid of work done, as SPINNR, Unknown 3. Trade, profession or perticular bid of work done, as SPINNR, Unknown 3. Tradety or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, atc. 3. Tradety or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, atc. 3. Tradety or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, atc. 3. Tradety or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, atc. 3. Tradety or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, atc. 3. Tradety or business in which work was the special part of the spec	7. AGE					1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
To Date decessed last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) Unknown (State or country) 13. NAME Unknown 14. BIRTHPLACE (city or town) Unknown (State or country) 15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) Unknown (State or country) 17. INFORMANT Hognital Records (Addrass) Crownsville, Variend 18. BURIAL CREMATion, Or BEMOVAL Country 19. UNDERTAKEN (Addrass) 19. UNDERTAKEN (Addrass) 20. FILED One 19. 19. 19. 18. Signard (Addrass) Crownsville, Marken All Country 24. Was disasse or injury in any way related to pecupation of decassant. (Addrass) Crownsville, Marken All Country 24. Was disasse or injury in any way related to pecupation of decassant. (Addrass) Crownsville, Marken All Country 24. Was disasse or injury in any way related to pecupation of decassant. (Address) Crownsville, Marken All Country (Addre	NOI 8.	Trade, professi kind of wo SAWYER, E	ion, or per rk done, a BOOKKEEF	rticular is SPINNER, PER, atc.	Unkno		
12. BIRTHPLACE (city or town)	UPAT	Industry or hi	icinace in	which			
12. BIRTHPLACE (city or town)	- Shenrin (mount and - = = Shenrin (m)			spa	nt in this		
14. BIRTHPLACE (city or town) Unknown (State or country) 15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) Unknown (State or country) 17. INFORMANT HOSPITAL Records (Addrass) Crownsville, Feriland 18. BURIAL, CREMATION, OR REMOVAL Place (Addrass) 19. UNDERTAKER A Particular A Registrar. 19. UNDERTAKER A Particular A Registrar. 10. FILEO Ond 9, 19 11. BIRTHPLACE (city or town) Unknown (State or country) 12. Informant diagnosis? Was thare an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide? Date of injury occur? (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Natura of injury Natura of injury Natura of injury Natura of injury in any war related to occupation of decaasage! If so, specify Kignadi M. O. (Address) Crownsville, Meryland				Unkno	own		Other Contributory Courses of importance: Mitral insufficiency
What tast confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) Unknown (State or country) 17. INFORMANT Hospital Records (Addrass) Crownsville Nerviend 18. BURIAL, CREMATION, OR REMOVAL Coulds, John Data, (Addrass) 19. UNOERTAKER A. P. Was disaase or injury in any way related to occupation of decaasad. 19. UNOERTAKER A. P. Was disaase or injury in any way related to occupation of decaasad. 19. UNOERTAKER A. P. Was disaase or injury in any way related to occupation of decaasad. 19. UNOERTAKER A. P. Was disaase or injury in any way related to occupation of decaasad. 19. UNOERTAKER A. P. Was disaase or injury in any way related to occupation of decaasad. 19. UNOERTAKER A. P. Was disaase or injury in any way related to occupation of decaasad. 19. UNOERTAKER A. P. Was disaase or injury in any way related to occupation of decaasad. 19. UNOERTAKER A. P. Was disaase or injury in any way related to occupation of decaasad. 19. UNOERTAKER A. P. Was disaase or injury in any way related to occupation of decaasad. 19. UNOERTAKER A. P. Was disaase or injury in any way related to occupation of decaasad. 19. UNOERTAKER A. P. Was disaase or injury in any way related to occupation of decaasad. 19. UNOERTAKER A. P. Was disaase or injury in any way related to occupation of decaasad. 19. UNOERTAKER A. P. Was disaase or injury in any way related to occupation of decaasad. 19. UNOERTAKER A. P. Was disaase or injury in any way related to occupation of decaasad. 19. UNOERTAKER A. P. Was disaase or injury in any way related to occupation of decaasad. 19. UNOERTAKER A. P. Was disaase or injury in any way related to occupation of decaasad. 19. UNOERTAKER A. P. Was disaase or injury in any way related to occupation of decaasad. 19. UNOERTAKER A. P. Was disaase or injury in any way related to occupation of decaasad.	œ 13. I	NAME	Unkr	10 wn			
15. MAIDEN NAME UNKNOWN 16. BIRTHPLACE (city or town) Unknown (State or country) 17. INFORMANT Hospital Records (Addrass) Crownsville, Mar fland 18. BURIAL, CREMATION, OR REMOVAL Coulday Data Manner of injury 19. UNOERTAKER A. P. Wattable At., (Addrass) 20. FILEO OLL G., 19 23. If death was dua to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicida? ————————————————————————————————————	14. E			vn) Unkı	no wn		
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) Crownsville, Ner rland 18. BURIAL, CREMATION, OR REMOVAL Place Data Manner of injury Natura of injury Natura of injury 19. UNDERTAKER A. P. Wattender (Addrass) 24. Was disaase or injury in any way related to occupation of decaasage. (Addrass) Crownsville, Ner rland Manner of injury Natura of injury (Addrass) Crownsville, Ner rland Manner of injury (Address) Crownsville, Ner rland	œ 15. I	MAIDEN NAM	E Ur	iknown			
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) Crownsville, Ner rland 18. BURIAL, CREMATION, OR REMOVAL Place Data Manner of injury Natura of injury Natura of injury 19. UNDERTAKER A. P. Watter of the companion of decassage. (Addrass) 24. Was disaase or injury in any way related to occupation of decassage. Signad Manner of injury Natura of injury (Addrass) Crownsville, Neryland Manner of injury (Address) Crownsville, Neryland	HI			. Unkı	10 Wn		
17. INFORMANT HOSPITEL Records (Addrass) Crownsville, Nerrland 18. BURIAL, CREMATION, OR REMOVAL Place. (Addrass) (Addrass) Manner of injury Natura of injury Natura of injury in any way related to occupation of decaasant (Addrass) 20. FILEO-O. 19. (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Crownsville, Nerrland (Address) (Address) (Address) (Address) (Address) (Address) (Address)	¥ 10.6			vii)			
18. BURIAL, CREMATION, OR REMOVAL Complete Compl					land		
19. UNOERTAKERS R. P. Wanterode Left, (Addrass) 20. FILEO 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	18. BURI	AL, CREMATIC	N, OR RE	MOVAL	.0.	1/.	Manner of injury
20. FILEO O. 19. Signad) (Address) Crownsville, Registrar. (Address) Crownsville, Reryland	P	Place	Jus	r ceu	Data	191,193	Natura of injury
Registrar. (Address) Crownsville, Keryland			A	P. Wa	uturod	e Inpt,	If so, specify
	20, FILE	Jan 1	4.,1		2	//	(Address) Crownsville, Karyland

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory,"-"mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example 11	
Date of onset	The principal cause of death and related causes of importance were as follows:	Dete of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

Ø2

	PLACE OF DEATH	STATE OF MARYLAND
	Q - Q -	CERTIFICATE OF DEATH
1	County	Registration Dist. No. 2
	Quana holis Mil	Commerce Son C. Toffula
Vill	lage or City Magazine (No. /// O/	St.: Ward) (If death occurred in a hospital or institu-
	1960 - D	dion, give its NAME in-
	2 FULL NAME J. COTYS JONOON.	3 Number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 1	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH
1/	Male WIDOWED ON DIVORCED	Mouth) (Day) (Year)
10	(Write the word)	17 HEREBY CERTIFY, That I attended the deceased from
6 D	DATE OF BIRTH	Jan 15 1034 to Jan . 16 1084
-	junknown - , 90 De	that I last saw h down alive on gare 16 1874
-	(Month) (Day) (Year)	and that death occurred on the date stated above, at 5 F. m.
7 A	If LESS than	The CAUSE OF DEATH & wee as follows:
10	ntenoun 3 4 mon de or min ?	Don't Webbreton
8 0	COUPATION	à la
1 (a) Trade, profession or Jarmer	
1	b) General nature of industry	
	ousiness, or establishment in	(Duration)yremosde.
1	IRTHPLACE A TO	Contributory Secondary
	(State or country) Calvert 111d,	Duration)vrsmosda
	10 NAME OF FATHER	(Signed) 9. Willis Martin M.D.
	unknown	Il Il all Place fall (see
ARENTS	II HIRTHPLACE OF FATHER T. F.	*State the Disease Cursing Death, At. in deaths from
M	(State or country) MRRNOWU	*State the Disease Chusing Death, in deaths from Violent Causes, state (1) Means of Interview and (2) whether Accidental, Suicidal or Homicidal.
PAR	of MOTHER UM Ry own	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
1	18 BIRTHPLACE	ients, or Recent Residents)
	(State or country) Wiknown	of death yrs. mos. 2 da. State, yrs. inos. da.
14 1	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Lower Marbors m
	1. Am King	Former or Unknown
	(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Lower-Walbro Mid	9 111 11 1/1 10 96
15	A 178 (1)	20 PNDERTAKER ADDRESS
	Filed 1923 4 Miles	20 UNDERTAKER ADDRESS
	/ Réfistrar	11 y sewell pares Md
11	more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requestine V. S No 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (rgstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken definite salary). may be entered as Housewife, Housewhatever, write None. to report specifically the occupations of persons enen at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., Never return "Laborer," "Foreman," "Manager," "Dealhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Civil engineer, Stationary firemen, etc. But in many fulness of various pursuits can be known. The ques-Statement of Occupation Precise statement of oe For many occupations a single word or term on Or Af specially in industrial employments, it is neces-9/18.). without more precise specification as Day Home, and children, not gainfully em-For persons who have no occupation -Coal mine, etc. Wom-

Ease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,"):

Ction

s answered in detail, it will prevent further correspond-

All the data is essential and must be obtained before

the certificate is permanently filed.

Posoned by carbetic acid—probably suicide. The na-Thent of cause of death approved by Committee on Notice Committee of Medical Association.) ture of the injury, as fracture of skull, and consehead of "contributory." quenees (e. g., sepsis, tetanus) may be stated under the and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, symptomatic), "Atrophy," "Collapse," as probably such, if impossible to determine definitely taken. For violent deaths state means of injury State cause "Puerperal septicacmia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age." "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorary), 10 ds. Never report mere symptoms or terminal conditions, causing death), 29 ds.; Bronchopneumonia (secondstated unless important. Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonucum, etc., Carcinoma, Sarcoma, etc., of (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; unqualified, is indefinite); Tuberculosis of lungs, menthis certificate is looked over thoroughly and all quesimples: "Debility" ("Congenital," "Senile," etc.), Accidental drowning; Struck by railway such as "Asthenia," for which surgical operation was under-(Recommendations on state-Example: Meastes (disease "Апаетліа" Always qualify all The contributory "Coma," (merely

1. PLACE OF DEATH			3					
00000	County An	ne .rund	el		*.	Registration D	Dist. No. 21	
1000	Village or City	nnapolis			No. 125 Prin		St.,	1 Ward
	Length of residence in	city or town where d	leath occurred		death occurred in a hospital or inds. How long in U.S.			
	2. FULL NAME	BURY	NOOZA)	Brown		WITHIN CORPOR		
	(a) Residence: No.	125 Prin	ce Geor	TO XXX. F.I.	St., 1 Ward.		riwita o	
-	(a) Residence. No.	AMX	(Usual place	of abode)	Su,waiu.	If nonresident g	vive city or town as	nd State
PERSONAL AND STATISTICAL PARTICULARS				CERTIFICATE	OF DEATH			
3.	SEX Lemal 4. COI	LOR OR RACE	OR DIVORCEL	RIED. WIDOWED. O (write the word)	21. DATE OF DEAT	January	29	4
50	If married, widowed, or di	150 bales.	singl	0		(Month)	(Day)	(Year)
Ja	HUSBAND of (or) WIFE of	vorceu			22. 1 HEREI	BYCERTIFY	7. That I attende	d deceased from
-						, 19, to		, 19
	DATE OF BIRTH (month, o		an. 29,	1934	I last saw h alive on.		, 19	; death is said
7.	AGE Years	Months	Days	If LESS than	to have occurred on the date s The PRINCIPAL CAUSE OF D			
				ormin.	were as follows:	EATH and raiated causes	s of Importance	Date of onset
NO	Trade, profession, or kind of work don.	a, as SPINNER, EEPER, etc	non	0	Stillborn	n baby - r	o docto	79
OCCUPATION	9. Industry or business	in which			1	ignes.		
ID 3	work was done, a SAW MILL, BANK	k, etc					***************************************	
0	10. Date deceased last we this occupation (myear)	nonth and		t in this				
-			7.5	pation	Other Contributory Causes of i	mportance:		
12	BIRTHPLACE (city or town (State or country)		ryland.					
2	13. NAME Fran					*		
FATHER	14. BIRTHPLACE (city or				Name of operation		Data of	
_	(State or country)	Phili	ppine I	slands.	What test confirmed diagnosis			
1ER	15. MAIDEN NAME	Laura B	rown		23. If death was due to external			
MOTHER	16. BIRTHPLACE (city or		stnort,		Accident, suicide, or homicide?			
2	(State or country)	Mary	land.	Where did injury occur?	(Specify gity or t	own, county and St	
17. INFORMANT Mrs. Laura Mendoza			Specify whether Injury occurre	d in INDUSTRY, in HOW	ME, or in PUBLIC P	LACE.		
(Address) Annapolis, Md. 18. BURIAL, CREMATION, OR REMOVAL								
	Place Naval		toate Jan .	30, 19 34				
	To	less M. Mes	- 7 - 22		Nature of injury			
19		nn M. Ta	y Lor Ma.		24. Was disease or injury in an	y way related to occupat	ion of deceased?	
200	51150 1- 2v	21, 01	Musel	^	(Signed) & My	sph. Then	halles	M.D.
20.	FILED	, 19 7	HIMM	Registrar.	(Add (ses)	1 alessas	lastles	ms:

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and felated causes of importance were as follows: Attack of epilepsy	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis VEST	3 days ago
		1 20736	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEM	ENTS BY PHYSICIAN
for authorization of my su birth	
letter from ODs galaring 4-12-346	
For authorization of color of child	un both certificate.

infor-

1 (110)			
md.	Registration D	ist. No. 2	
No. 1632	De f	alone	Ward
th occurred in a hospital or institu	1/	instead of street and	
ds. How long in U.S. if	of foreign birth?	yrsn	nosds.
1	. WITHIN	CORPORATE L	IMITS OF
ward.			
		ive city or town an	d State
	ERTIFICATE	OF DEATH	
I. DATE OF DEATH	Jan.	2-5 (Day)	, 1934 (Year)
gan. 15	Y CERTIFY	That I attended	
last saw her alive on	and I	25,193	5,1934
o have occurred on tha data stat	ad above at 2 7	7, 19	; death is said
he PRINCIPAL CAUSE OF DEA		s of importance	
vere as follows:	1:09		Date ol opset
Myacar	uny on	The same	7 /34
		10	
Other Contributory Sauses of imp	ertance:		
acute H	eursz		1/14/34
arterial	Apperte	usian	
Name of operation.	nk	Date of.	
What test confirmed diagnosis?	lineral	Was thera an	autopsy? 140
B. If death was due to external ca	uses (VIOLENCE) fill	in also tha followin	ig:
Accident, suicide, or homicide?	D	ate of injury	, 19
Where did injury occur?	(8:(:	- Louis - LC	
Specify whether injury occurred i	in INDUSTRY, In HON	own, county and Sta ME, or in PUBLIC P	LACE.

S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asplyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Data of onset
Arteriosclerosis 5 194	1915	Attack of epilepsy	1 week ago
Arteriosclerosis Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones Callstones	May 1,1923	Gastroenteritis	_1 year

N. B.

STATE OF MARYLAND—CERTIFICATE OF DEATH 1008

1. PLACE OF DEATH		(R2)
County Anne Arundel		Registration Dist. No. 21
Village or City Rastport Length of residence in city or town where death	occurredyrsmo	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Louis Chri		
(a) Residence: No. Chesapeak		OP t8t., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 4. COLOR OR RACE 5. S	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH January 14 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jun	ie 21. 1882	I last saw h alive on, 19; daath is seid
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, atm.
51 6	24 orhrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	inter 11. Total time (years) spant in this occupation	while Drink a lenh of
12. BfRTHPLACE (city or town) Sastport (State or country) Mary1		Other Contributory Causes of importance:
13. NAME John Christens 14. BIRTHPLACE (city or town)	en	
(State or country) Denina	rk	Name of operation
15. MAIDEN NAME Annie Johns 16. BIRTHPLACE (city or town)	on	23. If death was due to extarnal causes (VIOLENCE) fill in also the following:
(State or country)	nV	Accident, suicide, or homicide? Oate of injury, 19
17. INFORMANT Mrs. Charles R (Address) Eastport, Na.		Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
f8. BURIAL, CREMATION, OR REMOVAL Place Cedar Bluff Cemb	ate Jan. 16,1934	Manner of injury
19. UNDERTAKER JOHN No. Tay lo (Address) annapolis No. 20. FILED / b , 1934	T., Harf G. Registrar.	24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) (Address) (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car VEST 9 33	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GEVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should state IS A PERMANENT RECORD. Every item of infor-Exact statement CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. ARGIN RESERVED UNFADING INK-THIS mation should be carefully supplied. -WRITE PLAINLY, WITH

V. S. No. 1 M. of OCCUPA-

STATE OF MARYLAND—C	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	<u>(46)</u>	
County A .	Registration Dist. No. 20	
Village or City Davidonville		ard
Length of residence in city or town where death occurred 7.7. yrs. 9. mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?	.ds.
Marcall		
2. FULL NAME // W	St. Ward.	
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
S. SEX 4. COLOR OR RACE OR DIVORCED (wrife the word) On arrespondent to the state of the stat	21. DATE OF DEATH (Month) (Day) (Year)	
is If married, widowed, or divorced HUSBAND of Corp WIFE of Edward Davis.	22. I HEREBY CERTIFY. That I attended deceased f	rom
6. DATE OF BIRTH (month, day, and year) Sekkmer 4 17/857	I last saw her alive on oup 29 1934, death is	said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at ##m.	
76 4 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were actionloss:	nset
8. Trade, profession, or particular kind of work done, as SPINNER.	Carcinoma of	3/3
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which	The Doma che	707
work was done, as SILK MILL and read	I have done one one	
1D. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	John Domaste The	1720
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:	× 1, 1
(State or country)		
13. NAME Armas Carrall		
4 14. BIRTHPLACE (city or town)	Name of operation Date of	
(State or country)	What test confirmed diagnosis? Was there an autopsy?	
I IV, MAIDELY WANTE	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?, 19, 19	
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?	
17. INFORMANT Lennelta transon	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL CREMATION, OR REMOVAL	Manner of injury	
Place and onville Date 20.4., 1934	Nature of injury	
19. UNDERTAKER So - J - Cox le Shi	24. Was disease or injuly in any way related to occupation of deceased?	
20. FILED 1 16.3., 1934 Catting, Suite Registrar.	(Signed) Another Start Compelle Man	M. D.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	-1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(21)
County CA	Registration Dist. No.
	ND. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth?yrsmosds.
7	ds. now long in 0.5, it of foreign birth?yrsmosas.
2. FULL NAME denny Ly our	WITHIN CORPORATE LIMITS OF
(a) Residence: No. 3 6 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Fem. Colored OR DIVORCED (write the word)	(Month) (Day) 27, 193 4 (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Classence Days	22. I HEREBY CERTIFY, That I attended deceased from
0 0 12 12 18-92	llast saw her alive on Jane. 26 1934 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at
143 6 15 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
**Trade, profession, or particular kind of work done as SPINNER	Data of onset
kind of work done, as SPINNER The SAWYER, BOOKKEEPER, etc.	Fuberculosis 6 New ag
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	0
0 10. Date deceased last worked at 11. Total tima (years)	
this occupation (month and spant in this occupation occupation	
12. BIRTHPLACE (city or town) It margrett,	Other Coutributory Causes of importance:
(State or country)	
13. NAME James Wright	
14. BIRTHPLACE (city or town) St. Magagrett.	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Blata Butler 16. BIRTHPLACE (city or town) St. Jungrett.	23. If daath was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) St. mussell.	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Hullil Butlet	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place +3 Condrech Date Juny 30, 1934	Nature of injury
19. UNDERTAKER Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 129 1934 AMersh hr	(Signed) Course City Steery M. D.
Registrar. If more blanks are needed, address State Registrar,	(Address)

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principal cause of death and related causes portance were as follows: c of epilepsy wer by street ear	Date of onset 1 week ago 1 week ago
wer by street ear	
	1 week ago
nitis	3 days ago
contributory causes of importance:	1 year

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V. S. No. 1

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(Address). Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

	STATE OF MARYLAND	CERTIFICATE OF DEATH	
1.	PLACE OF DEATH	(3)	21
	County M-M-W.	Registration Dist. No.	
	Village or City (If	No. St., death occurred in a horpital or institution, give its NAME instead of street and n	War
	Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmo	sds
2.	FULL NAME Susan Worser	\	
	(a) Residence: No. (Usual place of a lede)	St. Mard. If nonresident give city or town and S	State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF PEATH	
3. S	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jan- 16:	193 / (Year)
5a.	If married, widowed or divorced HUSBAND of (or) WIFE of PSETA DESCRIPTION	22. I HEREBY CERTIFY. That I attended of	eceased from
6. D	ATE OF BIRTH (month, day, and yeer) Way 29 1962	Hast saw her elive on Para: 134 1934	death is sai
7. A	GE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
TION	8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	were as follows: Chy. Neghritis.	Date of onset
A	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	arteris sclervis.	(430
OCCU	10. Date deceased last worked at this occupation (month and 1930) 11. Total time (years) spent in this occupation coupation.		
12.	BIRTHPLACE (city or town)	Other Contributory Causes of Importance:	1-1.1.
HER	13. NAME herris thomas	Myxardus -	post
_	I4. BIRTHPLACE (city or town)	Name of operation Date of Was there en au	И
HER	15. MAIDEN NAME Ware Works	23. If death was due to external causes (VIOLENCE) fill in also the following:	topsy!
\vdash	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury	, 19
17. 1	NFORMANT Mances Dorsey (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Specify whether injury occurred in INDUSTRY, in HOME, or in Public Place Specify whether injury occurred in INDUSTRY, in HOME, or in Public Place Specify whether injury occurred in INDUSTRY, in HOME, or in Public Place Specify whether injury occurred in INDUSTRY, in HOME, or in Public Place Specify whether injury occurred in INDUSTRY, in HOME, or in Public Place Specify whether injury occurred in INDUSTRY, in HOME, or in Public Place Specify whether injury occurred in INDUSTRY, in HOME, or in Public Place Specify whether injury occurred in INDUSTRY, in HOME, or in Public Place Specify whether injury occurred in INDUSTRY, in HOME, or in Public Place Specify whether injury occurred in INDUSTRY, in HOME, or in Public Place Specify whether injury occurred in INDUSTRY, in HOME, or in Public Place Specify whether injury occurred in INDUSTRY, in HOME, or in Public Place Specify whether injury occurred in Industry in Industr	CE.
18. (Place - 1/19/34,19	Manner of injury	
19.	UNDERTAKER Lebys Kaises (Address) Lamel. Hel.	24. Was disease or Injury In any way related to occupation of deceased?	Up.
20. 1	FILED Jan 18 , 1934 Clara Ju Hasliefi Resistrar.	(Signed) Thank the flew (Address) Savage	М. Е

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

V. S. No. 1

N. B.—WRITE PLAINLY, WITH

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

ARGIN RESERVED FOR BINDING

NFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

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		10	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	
B			

state

1. PLACE OF DEATH

OCC	Counteline, Mundle	Registration Dist. No.				
Ē	Village or City excup	No. R. of St. # 9 St.				
70		If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?				
YSICIANS statement	2. FULL NAME Aques Kevinia Ca	ds:				
SIC	(a) Residence: No. C. C. K. 2 D. 9.	St., Ward.				
	(Usual place of abode)	If nonresident give city or town and State				
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
X	3. SEX 4. COLOR OR RACE Colorul 5. SINGLE, MARRIED, WIDOWED, White the word)	21. DATE OF DEATH (Nonth) (Day) (Yes				
A C T I	5a. If married, widewed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased				
Z 2	1 1 1000	, 19, to, 19				
Iy E	6. DATE OF BINTH (month, day, and year) April 8, 107	I last saw h; death				
stated E properly certificate.	7. AGE Years Months Days If LESS than I day,hrs Orhrs	to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:				
be st be pr of cel	rade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Mobally -				
	9. Industry or business in which work was done, as SILK MILL, A Woulderfe SAW MILL, BANK, etc.	Couracy Humbour t				
sh it is	O 10. Data deceased last worked at 11. Total time (years)	died audust				
	this occupation (month and spant in this occupation	Other Contributory Causes of importance:				
oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Sseeks and	1 1				
ns, tru	(State or country)	Million Sciences 19				
supplied n terms, ee instru	H 13. NAME Seleus Kergs	- Carouphita.				
y sullain t	14. BIRTHPLACE (city or town)	Name of operationDate of				
pla pla		What test confirmed diagnosis? Was there an au'opsy?				
carefully TH in pla ortant.	15. MAIDEN NAME (Course Johnson	23. If death was due to external causes (VIOL ENCE) fill in also the following:				
Call Call	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury				
d be can DEATH y import	And the Real	Where did injury occur? (Specify city or town, county and State)				
hould OF D	(Address) Al Must, W.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE				
10	18. BURIAL CHEMATION, OR REMOVAL GERRIES	Manner of Injury				
Q •≓	Place Interstial Cern - Date Jaw 14 , 198 9	Nature of injury				
mation SCAUSE	19. UNDERTAKEN Q. White Co	24. Was disease or injury In any way related to occupation of deceased?				
FOF	(Address) Luciels Md.	If so, specify				
(7)	20, FILED Jan 18 1934 Clara & Kaslup.	(Signed) Mariloufley				
0	Registrar.	(Address) Savage				
	It more blambs are meeded address State Deviates	N Charles Steam D. J D C1 C N1				

STATE OF MARYLAND—CERTIFICATE OF DEATH

i attended deceased from

..., 19; death is sald

Date of onset

address State Kegistrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
i i		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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should state of OCCUPA.

stated EXACTLY. PHYSICIANS

Exact statement

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of

TION is yery important.

AGE should be

mation should be carefully supplied.

certificate.

1. PLACE OF DEATH	(97)	
County Anne Arunded	Registration Dist. No.	
Village or City Crownsville State Hosp	oitNo.l St., Ward	
(If Length of residence in city or town where death occurred 8 yrs. 10 mos.	death occurred in a horpital or institution, give its NAME instead of street and number) 14 ds. How long In U.S. if of foreign birth?	
2. FULL NAME Mary Ford		
(a) Residence: No. Cockeysville, (Unal place of abode)	Bst. timo Werd. County Maryland If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
female 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married	21. DATE OF DEATH January 12th (Month) (Oay) (Year)	
5a. If married, widowed, or divorced HUSDAND-04— (or) WIFE of Grafton Ford	22. I HEREBY CERTIFY, That I attended deceased from January 28th 1925 to January 12 19 34	
6. DATE OF BIRTH (month, day, and year)	I last saw her elive on January 12th19 34 death is said	
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and pear) spent in this occupation (month and pear)	General arteriosclerosis ?	
12. BIRTHPLACE (city or town) Maryland (State or country)	Other Coutributory Causes of importance: Senility ?	
13. NAME Deed when		
13. NAME Dead Unknown 14. BIRTHPLACE (city or town) Unknown (State or country)	Neme of operation Date of What test confirmed diagnosis? Was there an autopsy?	
15. MAIOEN NAME Dead when.	23. If deeth was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Maryland (State or country)	Accident, suicide, or homicide?	
17. INFORMANT Hospital Records (Address) Crownsville, Maryland	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL CREMATION, OR REMOVAL Place To Studies Oete //6 39	Manner of injury	
19. UNDERTAKER A. P. W rulevode Supt	24. Was disease or injury in any way related to occupation of deceased. If so, specify	
20. FILED / - 16- 1934 Registrar.	(Signed) (Address) Cliownsville. Heryland	
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

ri m

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I	100	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	BECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	FEB 5 1934	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

		.,	MAKGIN RESERVED FOR BINDING	以内	ERV	ED	FOR	BIN	DING	•	
N. B	N. BWRITE PLAINLY, WIT SNFADING INK-THIS IS A PERMANENT RECORD. E	WIT	ENFADI	NG IN	T-NY	HIS	IS A P	ERM	IANENT	RECO]	RD. E
(mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICI	fully	supplied.	AGE	plnods	pe	stated	EX	ACTL	Y. PH	YSICI
7	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact states	n plain	n terms, so	that	it may	be	properl	y cla	ssified.	Exact	stater
)	TION is very important. See instructions on back of certificate.	nt. S	ee instruct	io suoi	n back	of	ertifica	te.			

	STATE OF MARYLAND	CERTIFICATE OF DEATH					
	1. PLACE OF DEATH	210-9					
	County AM Arundl	Registration Dist. No.					
	Village or City Linthucium 18ep	No. St., Ward					
	Length of residence in city or town where does accurred	death occurred in a horbital or institution, give its NAME instead of street and number					
		ds. How long in U.S. it of toreign birth?yrsmosds.					
	2. FULL NAME John 14. Glos	5 / 1 · / /					
	(a) Residence: Not 4 Of Turrows 4 St., Ward. Pultumore MA (Usual place of abode) If nonresident give city or town and State						
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH					
3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write (ha word)	21. DATE OF DEATH Off Sanger					
	married married	(Month) (Day) (Year)					
5a	. It married, widowed, or divorced HUSBAND ot	()(001)					
_	(or) WIFE of Ida C. Gloss (nee Mahr)	22. I HEREBY CERTIFY, That I attended deceased from					
6.	DATE OF BIRTH (month, day, and year) June 11. 1887	I last saw h					
	AGE Years Months Days It LESS than	to have occurred on the date stated above, et 9 24 m.					
	46 6 28 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as tollows:					
Z	Trade, profession, or particular kind of work dona, as SPINNER,	Date of onset					
OCCUPATION	SAWYER, BOOKKEEPER, etc.	Trollines Kill					
UPA	9. Industry or business in which work was done, as SILK MILL, Newbork SAW MILL, BANK, etc.	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
S	10. Date deceased last worked at	Tillhed in automobile					
0	this occupation (month and spent in this occupation occupation	Accedent Pan lift soal					
10		Other Contributory Causes of Importance:					
12	BIRTHPLACE (city or town) BALLLMORE, Md. (State or country)	T WPSIT 1					
ER	13. NAME John G. Gloss						
FATHER	14. BIRTHPLACE (city or town) Baltimore, Md.	Manage of the state of the stat					
F	(State or country)	Name of operation Oate of Oate					
MOTHER	15. MAIOEN NAME Mary Nix	What test confirmed diagnosis? Was there an eu'opsy? 23. If death was due to external causes (VIOL ENCE) fill in elso the following:					
01	16. BIRTHPLACE (city or town) Raltimore, Md.	Accident, suicide, or homicide? Oata of Injury, 19					
Σ	(State or country)	Where did Injury occur?					
17.	INFORMANT Ida C. Gloss	(Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, in HOME, or In PUBLIC PLACE.					
	(Address) 423 S. Bentalou, St.	THE POST OF THE PO					
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury					
	Place Western CemeterWie 1/12/34,19	Nature of Injury.					
19.	UNDERTAKER THECKERER I Vole	24. Wes disease or injury If any way related to occupation of deceased?					
-	(Address) 1900 W. Joulland &:	If so, specify					
20.	FILED 1 19 4 Caldwell Moodruft	(Signed) M.D. M.D.					
-	If more blanks are needed address State Principle	(Address)					
	-, State Arginiar, 2	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.					

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	14.
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important.

B.-WRITE PLAINLY,

ż

SIMIL OF MARKEAND CERTIFICATE OF DEATH WAVE	STATE OF	MARYLAND—CERTIFICATE OF DEATH	00091
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1. PLAC	E OF DEATH				3
County	Anne Art	undel			Registration Dist. No. 21.
	or City Annar				No. Emergency Hospital St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length					ds. How long in U.S. if ol foreign birth?yrsmosds.
2. FULL		aby Go		Twi	in
(a) Re	sidence: No. 194	4 Gree	M (Usual place	of abode)	St., 2 Ward. WITHIN CORDORATE LINE State
PERS	SONAL AND ST	ATISTICA	L PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
male male	4. COLOR OR R		SINGLE, MAR OR DIVORCE SINGLE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH January 1 (Month) (Day) (Year)
5a. If married, HUSBAND (or) WIFE	widowed, or divorced) of of				22. 1 HEREBY CERTIFY, That I attended deceased from
6 DATE OF PI	RTH (month, day, and ye	Ton	7 7	9:34	Vlast saw h alive on 19 death is seid
7. AGE		onths	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at
8. Trade, kin	profession, or particular d of work done, as SPIN WYER, BOOKKEEPER, etc.	NER, non	e	/ UI ####.	Still Cots Oate of onest
9 Industr	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.				(4-6 martha gistoling
10. Date deceased last worked at this occupation (month and year)				nt in this	
	CE (city or town)	mapol	is, arvla	1d.	Other Contributory Causes of importance:
13. NAME	Greelev	Goodw	in		
H 14. BIRTHI	PLACE (city or town) ate or country)	Mai	ne		Name of operation Date of What test confirmed diagnosis? Was there an autopsy? MAP
15. MAIDE	N NAME Ruth	Shaha	n .	1	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDE	PLACE (city or town)				Accident, suicide, or homicide? Date of injury 19
∑ (St	ate or country)	Penn	sylvan	nia.	Where did injury occur?
17. INFORMAN			. Ani	napolis	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
-	EMATION, OR REMOVAL				Manner of injury
19. UNDERTAK (Addres			or,		24. Was disease or Injury in any way related to occupation of deceased?
20. FILED_	2 ,19.3.4	XX	Mr	Hegistrar.	(Signed) M. J. Ware arading
(Addres	ss) _nnapo]	lis. I	Mr.	7 1	24. Was disease or Injury in any way related to occupation of deceased? If so, specify (Signed) M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	of importance were a	of death and related causes so follows:	
	1915	Attack of epilepsy		1 week ago
Chronic interstitial nephritis	1921	Run over by street car	VEGI 9 234	I week ago
Cerebral hemorrhage	July 5,1927	Peritonitis		3 days ago
			CHARD I	
			The same of the sa	
Other contributory causes of importance:		Other contributory e	auses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

1	I. PLACE OF DEA				<u> </u>	0032
	County ANNE A	RUNDEL			Registration Dist. No. 21	
	Village or City_AN			(1	No. EMERGENCY HOSPITAL. St., f death occurred in a horpital or institution, give its NAME instead of street at	Ward
				yrsmos	sds. How long In U.S. if of foreign birth?yrs	_mosds.
4	2. FULL NAME "S	TILLBORN'	· Go	edmin -	Twin z	
	(a) Residence: No.	194 Green			St. Ward.	MITTO QF
			(Usual place		If nonresident give city or town	and State
	PERSONAL AN		1		MEDICAL CERTIFICATE OF DEATH	
	Male 4. colo	OR OR RACE		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH January 1	, 1934
ā.	. If married, widowed, or divo	orced			(Month) (Day)	(Year)
	(or) WIFE of	'Stillbor	n.		22. I HEREBY CERT1FY, That I attend	ed deceased from
		2	T	3024	, 19, to	
	DATE OF BIRTH (month, da		A.		I last saw h elive on, 19	; death Is seid
		Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at _5, /\$27.m.	
_	Stillborn.	1		ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: "Stillborn"	Date of onset
5	8. Trede, profession, or pa kind of work done, SAWYER, BOOKKEE	articular as SPINNER,			"Stilloorn"	
-	9. Industry or business in	n which	*******			
,	work wes done, as S SAW MILL, BANK,	SILK MILL, etc				
2	10. Date deceased last wor this occupation (more year)	rked at inth and	sp3	ime (yeers) nt in this upation		
12.	BIRTHPLACE (city or town) (State or country)	Annapol	is, Mary	land.	Other Contributory Causes of Importance:	
2	1	ey Goodwi:	n Firem	on light		
				arr, our.		
2	14. BIRTHPLACE (city or to (State or country)	wn) LIISW	ine.		Name of operation Date of	
5		uth Naomi			Whet test confirmed diegnosis? Was there a	
					23. If death was due to externel causes (VIOLENCE) fill in elso the follow	
2	16. BIRTHPLACE (city or to (State or country)	wn) <u>Gouno</u> Penn	nsville, svlvania		Accident, suicide, or homicide? Date of injury	, 19
	(Otate of County)				Where did injury occur? (Specify city or town, county and S	tate)
7.	(Address)				Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC	PLACE.
8.	BURIAL, CREMATION, OR R	REMOVAL 1	1. 7/	10	Manner of injury	
	Place Ches	mall	Date /	11 ,1934		
J						
9.	UNDERTAKER(Address)				24. Was diseese or injury in any way related to occupation of decessed? If so, specify	
	4 .1	27/1	1.1.11	-111	(Signed) Wm.L. Irvine, Comdr. (MC), USA	M. D.
0.	FILED.	19.74	PIMM	Registrar.	(Address) US Naval Academy, Annapol	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II	
The principal cause of death and rela of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FEB 3	1934 July 5, 1927	Peritonitis	3 days ago
BUREAU	J V. S.		
Other contributory causes of importa	nce:	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMA!	mation should be carefully supplied. AGE should be stated EXA(CAUSE OF DEATH in plain terms, so that it may be properly classi	TION is work important See instructions on healt of certificate
LAINLY,	uld be car	DEATH	wy import
WITH	efully su	in plain	Soo tue
UNFADI	pplied.	terms, so	incherroti
NG INK	AGE sh	that it	ao ouo
THIS	ould be	may be	hook of
IS A P	stated	properl	cortifica
ERMA	EXA	y class	40

	DI 405 05 5		OF MAI	RYLAND—	CERTIFICATE OF DEATH 00093
	- PLACE OF D		Arundel		27
	County	Fort Geo			Registration Dist. No. 27
	Village or City_	FOL C GGO	rge G.me		No. Statistical Industrial or institution, give its NAME instead of street and number)
	Length of residence	e in city or town where	death occurred	8 yrs 0 mos	ds. How long in U.S. if of foreign birth? Unknown mos ds.
2	. FULL NAME	Curt Fra	nk Grall		
	(a) Residence:	No. Fort G		Meade, Md.	St., Ward. If nonresident give city of town and State
	PERSONAL	AND STATIST	ICAL PAR	TICULARS	MEDICAL CERTIFICATE OF DEATH
3.		COLOR OR RACE White	OR DIVOR	ARRIED, WIDOWED, CED (write the word) ried	21. DATE OF DEATH January (Month) (Day) (Year)
5a.	If married, widowed, of HUSBAND of (OC) WIFE OF Mr.	r divorced s. Evelyn G	rall		22. I HEREBY CERTIFY, That I attended deceased from December 30 19 33 January 11 19 34
6. 1	DATE OF BIRTH (mon	th, day, end year) Oc	tober 2,	1898	I last saw h_im_alive on January 11 , 1934; death is said
	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 11:50Pm.
	35	3	9	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
NOI	8. Trade, profession kind of work SAWYER, BDI	or particular done, as SPINNER, C OKKEEPER, etc	arpenter		Pneumonia, lobar
OCCUPATION	9. Industry or busin work was don SAW MILL, B	less in which e, es SILK MILL, ANK, etc			
		n (month and 19	32 5	I time (years) pant in this coupation	
12.	BIRTIIPLACE (city or	town) Hambur	g Cerman v	7	Other Contributory Causes of importance:
ER		ugust Grall			
FATHE	14. BIRTHPLACE (city	or town)Unk	nown		Name of operation None Date of
-	(State or cour		Unkr	lown	What test confirmed diagnosis? Clinical Was there an au'opsy? Yes
HE	15. MAIDEN NAME		nown		23. If death was due to external causes (VIDLENCE) fill in elso the following:
MOTHER	16. BIRTHPLACE (city (State or cou	ntry)		Inknown	Accident, suicide, or homicide?
	(Address) H'O	.Evelyn Gra	.Meade, N	10.	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE. —
	BURIAL, CREMATION George G Place	Meade, Md.	hel Ceme	etery, Fort 1. 13 ,1934	Manner of injury
19.	UNDERTAKER LLO (Address)	yd Kaiser, Maurel, N	aryland.		24. Wes disease or Injury in any way related to occupation of deceased? NO If so, specify
20.	FILED Jan. 1	1 , ₁₉ 34 - C.	E.FREEL	N,Col.,M.C. Registrar.	(Signed) F.T. CHAMBERL IN, Ma Jor, M.C. M.D. (Address) Fort George G. Meade, Md.

Case reported to the Bureau of the Census. State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

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)	item of infor-	should state	of OCCUPA-	
	V. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
	PERMANENT R	EXACTLY.	y classified. E	te.
	IIS IS A F	be stated	be properl	of certifica
	INK-TH	E should	at it may	s on back
	UNFADING	supplied. AC	terms, so th	e instruction
	ILY, WITH	e carefully s	ATH in plain	portant. Se
	RITE PLAIN	d bluods noi	USE OF DE	TION is very important. See instructions on back of certificate.
	N. BW	mai	A) CA	Tre

1	. PLACE OF			F MAR	YLAND-	CERTIFICATE OF DEATH 00094	
	County Village or Ci	ħ)	nne Aru		tate Hos	Registration Dist. No. 11	
	Length of resid	lence in cit	y or town whare d	leath occurred	(li	Mo. St., Walf death occurred in a hospital or institution, give its NAME instead of street and number) s. Lods. How long in U.S. if of foreign birth? yrs	
2	(a) Residence			phie Gr rcheste (Usualplace		, ISt.rylarWard. If nonresident give city or town and State	
	PERSON	AL ANI	D STATISTI	CAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	-
	female		or race lack	OR DIVORCE	RIED. WIDOWED, D (write the word)	21. DATE OF DEATH January 14th (Day) (Year) (Month) (Day) (Year)	_
5a.	If married, widowe HUSBAND of (or) WIFE of	ed, or divor	Unkn			22. I HEREBY CERTIFY. That I attanded deceased from Dec. 31st 130, to January 14 19 34	
6. C	DATE OF BIRTH (month, day.	and vaar)	1848		Hast saw h er aliva on Jan. 14th 1934; daath is sa	id
	AGE Year	8	Months	Days nown	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 3 Am.	IG
CUPATION	SAW MILL	usiness in done, as SI L, BANK, at	which ILK MILL, tc	D _o mes	tic	Cerebral hemorrhage 4 das	
8	10. Date decease this occup yaar)	ation (mon	th and	000	ime (years) nt in this upation	Other Contributory Causes of importance:	
12.	Stata or count		Mary			General arteriosclerosis ?	
L K	13. NAME	He	enry Gr	iffith,	dead		
LAIL	14. BIRTHPLACE		wn) Ma	ryland		Name of operation Data of What test confirmed diagnosis? Was there an autopsy?	3
7	15. MAIDEN NAM	IE B	essie (Unkn own) desd	23. If daath was due to axtarnal causes (VIOLENCE) fill in also the following:	-
MOE	16. BIRTHPLACE (State or		vn)	aryland		Accident, suicide, or homicide?	
17.	INFORMANT	Но вр	ital Re Crown	cords sville.	Maryland	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	-
18.	Plane Plane	ON OR RE	MOVAL	Date //	16-36	Manner of Injury	
19.	UNDERTAKER (Address)	R	P. Win	ter ode	Dupy	24. Was disease or injury in any way related to occupation of daceased.	-
20.	FILED /- / E	,	934	70	Registydr.	(Signed) (Address) GROWNEVILLE, Menylend	D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
		Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURE	July 5, 1927	Peritonitis	3 days ago
- Company of the Comp			h
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH00095
1. PLACE OF DEATH	(8)
County Anne Anarlel Co.	Registration Dist. No.
Village or City Waterburn	No. St Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Clan Polison Pall	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (ex) MISE of Bornand & Ball	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month day and year) Jamy - 194 1902	Mast saw h alive on Jan 28, 19.3 4; death is seid
6. DATE OF BIRTH (month, day, and year) 7. AGE Years 3 2 Months 0 Days 6 If LESS than	to have occurred on the date stated above, at 12
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	Date of onset
	1) collection a vek.
9. Industry or business In which work was done, as SILK MILL,	3) Ecoles 8 ever.
SAWYER, BOOKKEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW, etc. 10. Date deceased last worked at II. Total time (years)	
this occupation (month and spent in this occupation occupation	
0. 0. 81 d	Other Contributory Causes of importance:
12. BfRTHPLACE (city or town) (State or country)	
13. NAME Alan & Flelson	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Unknown -	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
≤ (State or country)	Where did injury occur?
17. INFORMANT Author Benard H. Hell (Address) Herold Henbra a a Co. mid.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place arlington Va Date Kny 26, 1935	Nature of injury
19. UNDERTAKER I Show M. I deplot.	24. Was disease or injury In any way related to occupation of deceased?
(Address) Charaptles my	If so, specify
20. FILED 1 2 4 , 1934 J. Marsh. Registrar.	(Signed) Alec P. Armson M. D. (Address) Whaterburn 9n H.
If move blanks are needed ad New Seat Parison	N Chalassan Blin B 200 N

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy VIST C 833	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis 133333	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA-

V. S. No. 1

STATE OF MARYL	AND—CERTIFICATE	OF	DEATH
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1. PLACE	OF DEA	TH			1942		
County		Anne	Arundel		Registration Dist. No. 27		
Village o	r City	Fort Ged	orge G.Me		No. Station Hospital St., Ward		
Length of	residence In ci	ty or town where d	leath occurred		death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.		
2. FULL N	AME	John L.	Hamilton				
	ience: No	Jessuj	OS, Md.	of abode)	St., Ward. If nonresident give city or town and State		
PERSO	NAL AN	D STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX Male		R OR RACE White		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH January (Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					(Month) (Day) (Year) 22. I HEREBY CERTIFY, That I attended deceased to January 9 19 34 366 706 707		
6. DATE OF BIRT	'H (month da	v and vear) OC	tober 1,	1871	-t tast eaw th death is said		
	Years 62	Months 3	Deys 8	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 10:40Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance		
Trede, profession, or particular kind of work done, as SPINNER, Laborer SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration (month and this containing month).					were as follows: Badly injured by large stump fall- ing through roof of building. Accidental death.		
	was done, as MILL, BANK, eased last wo ecupation (mo	rked at nth end HUMLTY 192	54. spar	me (years) It in this pation	Other Contributory Causes of Importance:		
12. BIRTHPLACE (city or town) Priests Bridge (State or country) Md. 2 13. NAME William H. Hamilton							
13. NAME 14. BIRTHPL/		Annapo	lis June		Name of operation		
(State	or country)	ary Ann W	lickham	Md	What test confirmed diegnosis?		
16. BIRTHPL	ACE (city or to	Driest	s Bridge	ra .	23. If death was due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide? Aceident Date of injury Jan 9, 19 34 Where did injury occur? George G. Meade (Anne Arundel		
17. INFORMANT _ (Address)	Charl J	es J.Murg essups, M	hy (Neph		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREA				Arundel Coll 11 ,19 34) Manner of injury ing with by tree stump while blast- Nature of Injury Side of body.		
19. UNDERTAKER (Address)	La	t Donalds	& Som	nau	24. Was disease or injury in any way releted to occupation of deceased? Yes If so, specify Injured white working. (Signed) New to husself former M. D.		
20, FILED Jan	• 3	19 34 VC.	E.FREEMAI	Registrar.	(Address) Odenton, Maryland.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attoek of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	of importance were as follows: 1915 Attock of epilepsy 1921 Run over by street ear July 5, 1927 Peritonitis Other contributory causes of importance:

		×	julied .	
C	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT I	mation should be carefully supplied. AGE should be stated EXACTLY.	CAUSE OF DEATH in plain terms, so that it may be properly classified. I	
ARGIN RESERVED FOR BINDING	MAN	AC	lassil	
BIL	ER	EX	y cl	te.
24	AP	ed	perl	fica
FO	IS	stat	prol	erti
Q	HIS	pe	þe	TION is very important. See instructions on back of certificate.
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₹GI	FA	lied.	ms,	stru
4	S	ddn	ter	e in
	LIH	ly s	lain	Se
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	LA	ould	F D	ery
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V. S. No. 1 ä

			F MAR	YLAND-	CERTIFICATE OF DEATH	097	
1. PLACE O			1		(34)		
County Anne Arundel					Registration Dist. No. 2		
Village or City Grown sville State Hospi					f death occurred in a horpital or institution, give its NAME instead of street and nur	Ward	
Length of resi	idence in cit	ty or town whera	death occurred	yrstmos	s. 24 ds. How long in U.S. If of foreign birth?yrsmos.	ds.	
2. FULL NA	ME	Samuel	Hawkin	s			
(a) Residen	ice: No	Anne A			farsiland Ward.		
PERSON	IAI AN	DETATION	(Usualplace		If nonresident give city or town and State		
3. SEX		R OR RACE		RRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH		
male black OR D. VORCED (write the word) 5a. If married, widowed, or divorced					January 3rd (Month) (Day)	934 (Year)	
HUSBAND of OP WHE of Daisy Hawkins					22. HEREBY CERTIFY. That I attended de August 10th	ceased from	
6. DATE OF BIRTH	(month day	and year)	1882		Hast saw h. im aliva on January 3rd 1934;	-, 43	
7. AGE Yea		Months	Days	if LESS than	to have occurred on the date stated above, at 7:20 A. M.		
5	2	Unk	nown	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Dest of sout	
No. Frade, profes	ssion, or pa work done, a	rticular es SPINNER, PER, etc	Labor	er	Chronic myocarditis	Deste of onset	
kind of v SAWYER, 9. industry or work wa: SAW MIII 10. Date deceas	business in s done, as S L. BANK, e	which ILK MILL,		· · · · · · · · · · · · · · · · · · ·			
10. Date deceas this occu yaar)		ked at	— spa	tima (years) ent in this upation			
12. BIRTHPLACE (ci		Mar	yland		Other Contributory Causes of importance: Syphilis	?	
1	nuy)	Thomas	Hawkin	q	Gangrene of Toe	?	
13. NAME Thomas Hawkins 14. BIRTHPLACE (city or town) Maryland					Name of operation Date of		
(Stata UI	country)	fo.m	4 /TT 7	1	What test confirmed diagnosis?	opsy?	
15. MAIDEN NA 16. BIRTHPLACE			t (Unkn	own)	23. If death was due to external causes (VIOLENCE) fill in also the following:		
O 16. BIRTHPLACE	(city or to	wn)Mary	rland		Accident, suicide, or homicide? Date of injury	, 19	
17. INFORMANT (Address)	Hos	oital Ro	ecords e, Mary	Land	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	E.	
18. BURIAL, CREMAT	ION, OR R	EMOVAL Lie	Date Jeen	6 ,1934	Manner of Injury		
19. UNDERTAKER (Address)	By	nas E	Heap	met.	24. Was disease or injury in my way related to occupation of deceased.	- -	
20. FILED / 6	, 1	,34 8	Juni	Registrar.	(Signes) Crownsville Word on	3 M. D	
		If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	u -	

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10.-The month and year the deceased last worked at the occupation.

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Example I	Į.	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis RECEIVED	11	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURETTY S.	(-		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	Every
	NENT RECORD. Every item of inforCT LY. PHYSICIANS should state
	T RE
ING	CTLY.

	-CERTIFICATE OF DEATH 00098
1. PLACE OF DEATH County	
County	Registration Dist. No. 2
Village or City Con 19 May 20 Co Ind	No. St., Wa If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds — How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Susan Hill	
(a) Residence: No. 29 Calvert	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED (write tha word) Wildow	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of Widow	22. JHEREBY CERTIFY That I attended deceased fr
5. DATE OF BIRTH (month, day, and year) Qual. 30 1849	llast saw h. S. alive on 24 193 4 death is s
7. AGE Years Months Pays 1 If LESS than	to have occurred on the date stated above, at 10 m.
1 day, hrs	
8. Traffa profession or particular	Date of on
S. Hadd, Diession, of particular in the sind of work dona, as SPINNER, House Work SAWYER, BOOKKEEPER, etc.	- Polling 4
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	1 1
SAW MILL, BANK, etc. / 10. Data deceased last worked at 9 / 11. Total time (years) /	976
10. Data deceased last worked at this occupation (month and year) 11. Total time (years) 50 years	9
2. BIRTHPLACE (city or town) South River	Other Contributory Causes of importance:
(State or country) $\alpha - \alpha - c\sigma$ \mathcal{W}	artemotel wassa to
13. NAME Robert Boston	70
14. BIRTHPLACE (city or town) South River	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME 196 beth Brooks	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) - South River	Accident, suicide, or homicide? Date of injury
(State or country) $a - a - co$ md	Where did injury occur?
17. INFORMANT / EMa Mill (Address) Calvert &	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place / Of 12 Charles Cont - Date / 19 14	Nature of injury
19. UNDERTAKER & H. B. Warter	24. Was diseasa or injury in any way related to occupation of deceased?
(Address) 47 Washington St.	If so, specify
20. FILED 125, 1934 AMMS	(Signed)
Registrar.	(Address) Leller Jylu M

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsu	1 week ago
Chronic interstitial nephritis	1921	Run over by street sor	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

	STATE	JF MARYLAND—	CERTIFICATE OF DEA	IH
1. PLACE O	F DEATH	7	(161-d)	00099
County	hure Il	ruide ?	Registration	Dist. No. 21
Village or (city Wat	bury - 1	No	St., Ward
Length of ree	idence in city or town where	A . /	death occurred in a hospital or institution, give its NAME	instead of street and number)
	hort.	O The Transfer of the Transfer	1111001	
2. FULL NA	1101	of my	prolland	
(a) Resider	nce: No. Wat	(Usual place of abode)	7 St., Ward.	give city or town and State
PERSON	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	10
-1	Pol	OR DIVORCED (write the word)	Jacry (Month)	(Day) (Year)
5a. If married, widov HUSBAND of	wed, or fivorced		(Month)	(yay) (teal)
(or) WIFE of		16	22. ALHEREBY CERTIF	
		Deces 14.34		,19
	(month, day, and year)	Coavs If LESS than		, 19; death is said
1. AGE 16:	ars Montes	3 1 day,hrs.	to hive occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related cause	
Info Trade moto	l l	ormin.	were as follows:	· Oate of onset
kind of	ession, or particular work done, as SPINNER, t, BOOKKEEPER, etc	none		
9. Industry or	business in which		1/10 clop Hemon	hall lis
kind of SAWYER 9. Industry or work wa SAW MI 10. Date deeds this occur.	s done, as SILK MILL, LL, BANK, etc		of the first of the second	101
	sed last worked at upation (month and a	11. Total time (years) spent in this		
year)		occupation	Other Contributary Causes of importance:	
12. BIRTHPLACE (c	,	buy my	A	
(State or coy	1	16	fluelmoun	
13. NAME OF	ones an		,	
14. BIRTHPLACE	E (city or town)	njesia	Name of operation	Date of
(State o	r country)	Holland	What test confirmed diagnosis?	Was there an autopsy?
15. MAIDEN NA	AME OF THE	- On A	23. If death was due to external causes (VIOL ENCE) fil	
15. MAIDEN NA	E (city or town)	ervin pop	Accident, suicide, or homicide?	Oate of injury, 19
- (State of	(Country)	Bleefa 1	Where did injury occur?(Specify city or	town, county and State)
17. INFORMANT	umana ((a other)	Specify whether injury occurred in INDUSTRY, in HO	ME, or in PUBLIC PLACE.
(Address)	TION, OR REMOVAL	(acri)	Manual of Internal	
Prisa Pe	ad lemet	Date Jany 20, 1934	Manner of injury	
	Pres	11/2 3.00	Tracero of injerg	Nine of dancer 12
19. UNOERTAKER (Address)	way my	1777 Ellet	24. Was disease or injury in any way related to occup. If so, specify	ation of deceased?
(Address)	16 71,	1911	(Signer luctorse las	Tea MI
20. FILED_/	7,1924	Registrar.	(Address Acus for	u nd
	If more	blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No.	I.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

	1 - 71 +
For authorization of date of broth see boots	a certificate

SIAIE	OF MAR	YLAND-	CERTIFICATE OF DEATH 00100
1. PLACE OF DEATH			
County Anne Arun	del		Registration Dist. No. 21
Village or City <u>Eastpor</u>		(1	No. 482 Severn Ave St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or fown w	here death occurred	yrs,mos	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME FLORE	NCE E. HO	PKINS	*
(a) Residence: No. 482 S	evern Ave (Usual place		St., Ward. If nonresident give city or town and State
PERSONAL AND STAT	ISTICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE		RRIED, WIDOWED, ED (write fhe word)	21. DATE OF DEATH
female white		o red	(Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of			22. HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Edward P.	Hopkins		Sec. Jan 2519 34 to Gan 26 1934
6. DATE OF BIRTH (month, day, and year)	Nov. 4.	1852	liast sawher Valive on gan. 26 ,1934; death is seid
7. AGE Years Month		If LESS than	to have occurred on the data stated above, at
81 2	22	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8: Trade, profession, or particular kind of work dona, as SPINNER		2	Chronic Nephretis Date of onset
SAWYER, BOOKKEEPER, etc	nousevi.	<u>fe</u>	
9. Indusfry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			(wrem &)
10. Dafa deceased lasf worked ef	11. Tofal	fime (years)	-
this occupation (month and year)		ent in this cupation	
12. BIRTHPLACE (city or town)	anolis.		Other Contributory Causes of imporfance:
(State or country)	Marylan	d.	seles acio
# 13. NAME Samuel Bro	oks		- Jacob Laure
13. NAME Samuel Bro	napolis.		Name of operation Name Date of
(Stata or country)	l.d.		What fest confirmed diagnosis? Chuiraf Was there an autopsy? No
15. MAIDEN NAME Rachel	R. Stevar	d	23. If death was dua to external causas (VIOLENCE) fill in also tha following:
15. MAIDEN NAME Rachel 16. BIRTHPLACE (city or fown)	arnapoli	S.,	Accidenf, suicide, or homicide?
(State of Country)	10. CL	•	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. M. R. (Address) Eastport.	Robinson	-dau thter	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	- 4 T	20 774	Manner of injury
Place St. Annes Ce	M U . Date Jan .	48 ,1904	Nafure of injury
19. UNDERTAKER JOHN M. T. (Address)	w lor		24. Was diseasa or injury in any way related to occupation of deceased? 10
20. FILED / 28 , 19.74	Mun	Braistrar.	(Signed) J. Willis Martin M. D. (Addrass) Asmabolis Md.
GP	more blanks are needed,		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy 1067 9 933	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis Q3A13O38	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	L	te	-	
	infe	sta	UP	1
	of	plu)CC	1
	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
	ry	NS	nt	
	Eve	CIA	eme	
	RD.	YSI	stat	
	000	PH	act	
	RE	7.	Ex	
	LN	L	d.	
	INI	CJ	sifie	
	RM.	XA	clas	
	PE	田	rly.	ate
	V	ated	ope	tiffe
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	Ż	Sh	t it	uo
	CG	AGI	tha	Suc
	DI	ri.	so ,	itou.
	NFA	plie	rms	netr
	5	Sup	n te	1 00
	TT	Illy	plai	V.
	M	refu	in	tant
)	ILY,	ca	TH	nor
	AIN	d be	DEA	mi z
	PL	lnou	OF]	VAPE
	CLE	n sl	SE (TION is very important See instructions on back of certificate
	WRI	atio	AUS	Z
	1	H	Ü	L
	N.	1	7	1
	Fred	1	- 3	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 80101
1. PLACE OF DEATH	2000
County Q. Q. Co.	Registration Dist. No. 21
Village or City language of Us	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How tong in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Jorus Senne	MITHIN CORPORATE LIMITS OF
(a) Residence: No. 13 (b) Dum C	Crest · Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5e. If merried, widowed, or divorced	(Month) (Dey) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
C A	, 19, 19, 19, 19
6. DATE OF BIRTH (month, day, end year) Sept. 7-1926	I last saw h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
7 5 /8 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade profession or particular	Acquilings 1111 , 1 . Date of onset
SAWYER, BOOKKEEPER, etc School Jeu.	Heerothy Redlew by lowny
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this organizing (month and	1
SAW MILL, BANK, etc	Run over by Alomber
this occupation (month and spant in this occupation occupation	Truck Marchel her Head
	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town)	
1 00. 119	
14. BIRTHPLACE (city or town). Conney Olio	
4 14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Polanth meets 16. BIRTHPLACE (city or town) Melles marvelle	23. If death was due to external causes (VIOLENCE) fill in also the following:
o 16. BIRTHPLACE (city or town). Mellemanelle	Accident, suicide, or homicide?, Date of injury, 19
(State or country) a - a . Go . Ind	. Where did injury occur? Lastrum M Amofoli
17. INFORMANT & Levelth Orean!	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 13 Q.) Bring Cost.	On balrer shut
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Plece mt. Tables Cent Date an 26, 1934	Nature of injury
19. UNDERTAKER Chas & Jucks &	24. Was disease or injury in any way related to occupation of deceased?
(Address) Omnapolio mg.	If so, specify of
20, FILED / 7 6 19 54 MM 11 18 5	(Signed our MI of prim sely lower
Registrar.	(Address) Amafulu Ma
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Arteriosclerosis FEB 5 1934	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Land Control of the C			
Other contributory causes of importance:		Other contributory causes of importance:	HE EDIT
Gallstones	May 1,1923	Gastroenteritis	1 year

m

12. BIRTHPLACE (city or town)

15. MAIOEN NAME

13. NAME

17. INFORMANT (Address)

19. UNDERTAKER

20. FILEO ...

(Address)

FATHER

MOTHER

(State or country)

14. BIRTHPLACE (city or town '(State or country)

16. BIRTHPLACE (city or town (State or country)

18. BURIAL, CREMATION, OR REMOVAL

OCCUPA.

STATE OF MARYLAND-	CERTIFICATE OF DEATH 00102
1. PLACE OF DEATH	
County a a	Registration Dist. No. 20
Village or City West Stive	NoSt.,Ward I death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,me	sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Caroline John	uson
(a) Residence: No. Work (Usual place of abode)	St., Ward. Il nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Steer 1 st
Sa. If merried, widowed, or divorced HUSBANO ot (or) WIFE of	(Month) (Oay) (Year) 22. I HEREBY CERTIFY, Thet I attended deceased from
5. DATE OF BIRTH (month, day, and year) Olsephony 1.858	1 last saw h
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date slated above, et G: HD Pm. The PRINCIPAL CAUSE OF DEATH end related causes of importance wags, es follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Pullulo uia Brose Chia
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Oate deceesed lest worked at 11. Total time (years)	700000000000000000000000000000000000000

Other Contributory Causes of importance: 23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19 Where did Injury occur?_. (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disease or injury in any way related to occupation of deceased?

Registrar.

Manner of injury Nature of Injury

If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		A The second sec	

WRITE

N. B.

V. S. No.

PHYSIf information should be carefully supplied. ACE should be stated EXACTLY, P d state CAUSE OF DEATH in plain terms so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate. of information plnous statement of Item Every It

		00103
PLACE OF DEATH	STATE OF I	MARYLAND
County anne Cerundel	CERTIFICATE	OF DEATH
	Registration 1	Dist. No. 28
Village or City Mc Pherson Hallor (No.	St.: Ward)	
2 FULL NAME John Heavy Jo	Anocen.	tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
Maly. Color or RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month)	(Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I att	
aug. 18, 1904	192 to	, 192
(Month) (Day) (Year)	that I last saw halive on	1 0
7 AGE If LESS than I dayhrs.	and that death occurred on the date stated The CAUSE OF DEATH * was as follows:	above, atm
29 yrs. 4 mos. 8 ds. or min.?		
(a) Trade, profession or Latorer .	Culmoney Tubes	ausosis,
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)	yrs. 6 mosds.
9 BIRTHPLACE (State or country) Back to . Md.	Contributory Secondary (Duration)	vrs. mos. de.
10 NAME OF Loseph Johnson.	(Signed) albert H Hogo	is gradie
State or country) II BIRTHPLACE OF FATHER (State or country) Mergland	*State the Disease Cauring Death, Violent Causea, state (1) Means of In Accidental, Suicidal or Homicidal.	
of Mother Sophia Johnson	16 LENGTH OF RESIDENCE (For Hospit	
13 BIRTHPLACE OF MOTHER (State or Country) Mary Land	ienta or Recent Residents) At place of deathyrsmosdsIn the Stat	e Z. yrs. 4 mos / f.ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, In Raels if not at place of death?	more
(Informant) Mrs. Mary Johnson.	Former or usual residence 1336 Stockton	V. Bala hy
(Address) 1413 M. Fremost are.	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
**************************************	and in determined	, 19.2.
15 Filed 17 1904 Appealba	Claring of Katio William	34/4. Solved

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook. Housemaid, etc. If the occupation has been changed definite salary), may be entered as Ilousewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Solesman, (b) Grocery, (a) Foreman, (b) Automobile foctory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation

spinal meningitis"); Diphtheria (avoid use of "Croup"); Statement of Cause of Death-Name, first, the DE fever (the only definite synonym is "Epidemic cerebro ed term for the same disease. Examples: Cerebrospina to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respec Typhoid fever (never report "Typhoid Pneumonia") pneumonia, Bronchopneumonia ("Pneumonia,

> telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. valvular heart disease; Nomenclature of the The contributory

permanently filed. answered in detail, it will prevent further correspondence. All the dath is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all questions

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County	Registration Dist. No.
	death occurred in a horpital or institution, herve its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U. S. it of foreign birth? yrs mos ds
2. FULL NAME I SULLY FIS	July William
(a) Residence: No. January (Line) place of above	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (By) (By)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Trublence C. Johnson	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, dey, and year) Sec. 1879	I lest sew have elive on Jan 1924; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 2.30 m. 8 72
2 % f day,hrs.	The PRINCIPAL CAUSE OF DEATH and related couses of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Carinama Sigmaid Unter
kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc. 9: Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration (month and	
Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Brownswoods (State or country)	Dither Contributory Causes of importance: Julistinal Obstruction Dec.
13. NAME Olila Johnson	/ .
13. NAME (Clay or town) Miniches (co. (State or country)	Name of operation Laurantana Dete of Sec. 1,19 What test confirmed diagnosis? Clinical Was there en autopsy? 2
15. MAIDEN NAME Adviett Ambull 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDLENCE) fill in elso the following:
f6. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Dete of injury, 19
17. INFORMANT Prudence I finsa	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Sundhele Date Jun. 15, 1937	Manner of injury
19. UNDERTAKER (Address) (Address) (Address)	24. Was disease or injury in any way related to occupation of deceased? 10
20. FILED / 14 , 19 34 Missiff Registrar.	(Signed) 9.40 Mys Martin M. C.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street dar 7 3 6 3 - 3	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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state of infor-

of OCCUPA. plnods

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00105
1. PLACE OF DEATH	<u> </u>
County aluse druedel	Registration Dist. No.
Village or City Preure	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds How tong In U.S. if of foreign birth?yrsmosds
2. FULL NAME Sufacet - Johns	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That t attended deceased from
6. DATE OF BIRTH (month, day, and year) Jan 17th 1934	1 tast saw h alive on 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4. 30 An.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) this pecupation (month and	STILL STATE
work was done, as SILK MILL, SAW MILL, BANK, etc.	0.1
11. Total time (years) this occupation (month and year)	Tremature Berth -
12. BIRTHPLACE (city or town) Mary laced (State or country)	Other Coutributory Causes of Importance:
13. NAME Ollo Voluson	
13. NAME OLO Sueson 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Coella Communication (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur?(Specify city or towo, county and State)
17. INFORMANT CO STUDENCY MA	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place notes Comellery Date / 11, 1931	Nature of injury
19. UNDERTAKER John I. Johnson	24. Was disease or injury in any way related to occupation of deceased?
(Address) Drung - mal	If so, specify
20, FILED 17, 1934 Resister.	(Signed) (Address) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balthorore, Requesting U. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
3			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

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STATE OF	MARYLAND-	CERTIFICATE OF DEATH 00106
1. PLACE OF DEATH	. 7	(8)
County Come Un	undel	Registration Dist. No. 21
Village Dr City Johnson	town	ND. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death		s
2. FULL NAME Stillbo	in Johnson	
(a) Residence: Np.		St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH
	SINGLE, MARRIED, WIDOWED, OR DAVORCED (write the word) Single	21. DATE OF DEATH Jan 28 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	0	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of		22. HEREBY CERTIFY, That I attended deceased from
S. DATE OF BIRTH (month, day, and year)	in 28 1934	
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, atm.
	I day,hrs.	were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER,		Stillbirth Date of onset
SAWYER, BODKKEEPER, etc		-
work was done, as SILK MILL, SAW MILL, BANK, etc.		
10. Data deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town)	m	Other Contributory Causes of Importanca:
13. NAME Roland	Johnson	
14. BIRTHPLACE (city or town) (State or country)	a Co ma	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Beatric	e Johnson	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	a. C.	Accident, suicide, or homicide?
17. INFORMANT Beatrice (Address)	Johnson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury
Place mighty D	ate 1-28,19.3 #	Nature of Injury
19. UNDERTAKER and Wat (Address)	un mil	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 1-28, 1934 L	a Breit	(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	fi fi	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephrytis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year

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ite	UΩ	of	
UNFADING INK-THIS IS A PERMANENT RECORD. Every item of	upplied. AGE should be stated EXACTLY. PHYSICIANS should	terms, so that it may be properly classified. Exact statement of OCC	
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D.	SI	stat	
OR	H	4	
EC		Xac	
	Z.	国	
Z	L	. P	
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MA	KA	las	1
ER	E	yc	S.
I P	pa	erl	ica
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1	plu	nay	ack
K.	sho	it I	n
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SN	AG	th	ion
DI	-	S.	instructions on back of certificates
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STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE OF DEATH	34
county ame arundel,	Registration Dist. No.
Village or City Wuturell, Ind -	NoSt.,Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foralgn birth?yrsmosds.
2. FULL NAME Florings Edward as	vs.) Jones
(a) Residence: No. Luttuell 1 7 2	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Lenuary 29, 1934 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 21, 1933	I last saw h in elive on And 8 , 19 34; deeth is seld
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Paralmention
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month end spent in this	
10. Data deceased last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) Q - U. Cocenty- (Stata or country)	Other Contributory Causes of Importance:
13. NAME Gdrand Gross- 14. BIRTHPLACE (city or town) G. U. County-	anginital by philis
14. BIRTHPLACE (city or town) a. U. County	Name of operation Date of
(Stata of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Algalith Journ 16. BIRTHPLACE (city or town) 9. a. Journly (Stata or country)	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Moules Story (Address) Question Mechanical, red	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL. Place Julies Stupe Date 30, 1934	Manner of Injury
19. UNDERTAKER Jost Modd. (Address) Freudskip red	24. Wes disease or injury In any way related to occupation of deceased? If so, specify
20. FILED / 29, 134 WA Clayton Registrar.	(Signed) Linely H. laston, M.D. (Address) Lottian, Ind.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	1 2 41	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenleritis	1 year
	الـــــال		1

D FOR BIN	IS IS A PERM	e stated EX	e properly cl	f cortificate
MARGIN RESERVED FOR BIN	UNFADING INK-THI	supplied. AGE should be	n terms, so that it may be	od inetructions on hack of
V. S. No. 1	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERM	mation should be carefully supplied. AGE should be stated EX	CAUSE OF DEATH in plain terms, so that it may be properly cli	TION is very important See instructions on had of cortificate

	CE OF DEA	N 1777	7		Ba	
	,	Arunde			Registration Dist. No. 21	
Villag	ge or City 0	yce-on-	the-Sev	ern	No. St., If death occurred in a hospital or institution, give its NAME instead of street and i	War
Length	h of residence in o	city or town where	death occurred	yrs,mo	sds. How long in U.S. if of foreign birth?yrsm	osd
2. FULL	NAME E	LIZA JA	NE JOYC			
(a) R	Residence: No.	Joyce o	n the S		St., Ward.	
PFR	PSONAL AN	ND STATIST	(Usual plac		If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
. SEX		OR OR RACE	1	RRIED, WIDOWED.	21. DATE OF DEATH	
female	e W	hite	OR DIVORC	ED (write the word)	January 22	, 193. 4
	, widowed, or div		11240	1104	- (Month) (Day)	(Year)
(or) WIF	E of Cyru	s N. Jo	yce		22. HEREBY CERTIFY. That I attended	
DATE OF	DIDTH (month d	wand war 710	1. 9. 1	044	I last saw in CV elive on Offer 700 1981	, 19.2.5
. AGE	Years	y, end year) NO	Days	If LESS than	to have occurred on the date stated above, et 8 4 0 m	; death is so
	89	2	13	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade	nrofession or n	articular	1 10	ormin.	were as follows:	Date of onse
- SI	ind of work done AWYER, BOOKKE	EPER, etc	housevi	ſe	apollerus	Rus
9. Indus	try or business i ork was done, as AW MILL, BANK,	n which SILK MILL,				ohre
SI SI						
10. Date	deceased last wo	rked at	11. Total	time (years)	-	1/4
		rked at	spi	time (years) ent in this cupation		1/4
ye ye	deceased last wo his occupation (mo ear)	orked at onth and	spi	ent in this	Other Contributory Causes of importance:	1/4
2. BIRTHPLA	deceased last wo	orked at onth and	spi	ent in this	Other Contributory Causes of importance:	1/4
2. BIRTHPLA	deceased last wo his occupation (mo har) ACE (city or town) or country)	South	spi	ent in this	Other Contributory Causes of importance:	400
2. BIRTHPLA (State	deceased last wo is occupation (measr) ACE (city or town; or country) E Dawar HPLACE (city or to	South Colli	River, Co., Md.	ent in this	Other Coutributory Causes of importance: After live of After Free Name of operation. Dete of	400
2. BIRTHPLA (State	deceased last wois occupation (molean) ACE (city or town) or country) E	South Colli	River, Co., Md. nson,	ent in this	Artens Pelero * Artenal Hy fer Ventrain	44 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
2. BIRTHPLA (State	deceased last wois occupation (molean) ACE (city or town) or country) E	South Colli	River, Co., Md.	ent in this	Name of operation. Dete of.	
2. BIRTHPLA (State 13. NAME 14. BIRTH (S 15. MAID	deceased last wo is occupation (me ear) ACE (city or town; or country) EQUIVAT HPLACE (city or to State or country) EN NAME HPLACE (city or to	South Colli own) Nary Wi	River, Co., Md. nson, Co., Md	ent in this	Name of operation. What test confirmed diagnosis? Was there an a	
2. BIRTHPLA (State 13. NAME 14. BIRTH (S 15. MAID	deceased last wo is occupation (mo ear) ACE (city or town; or country) EDG War HPLACE (city or to State or country) EN NAME HPLACE (city or to State or country)	South Colli Own) Mary Wi Own)	River, Co., Md. nson, Co., Md. lson,	ent in this supation	Name of operation. Dete of What test confirmed diagnosis? Was there an a 23. If death was due to external causes (VIOL ENCE) fill In also the following Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State	:, 19
2. BIRTHPL/ (State 13. NAME 14. BIRTH (S 15. MAID 16. BIRTH	deceased last wois occupation (moles) ACE (city or town) or country) EQUIVAT HPLACE (city or to state or country) EN NAME HPLACE (city or to state or country)	South Colli own) A. A. Cyrus	River, Co., Md. nson, Co., Md	ent in this supation	Name of operation	:
2. BIRTHPLA (State 13. NAME 14. BIRTH (S 15. MAID 16. BIRTH 7. INFORMAN (Addre	deceased last wois occupation (moles) ACE (city or town) or country) EQUIVAT HPLACE (city or to state or country) EN NAME HPLACE (city or to state or country)	South Colli own) A. A. Cyrus Cyrus Co.,	River, Co., Md. nson, Co., Md. lson,	ent in this supation	Name of operation	:, 19
2. BIRTHPL/ (State 13. NAME 14. BIRTH (S 15. MAID 16. BIRTH (S 7. INFORMAN (Addre 8. BURIAL, C	deceased last wois occupation (moles) ACE (city or town) or country) EDG Wall HPLACE (city or tostate or country) EN NAME HPLACE (city or tostate or country) NT LASS ess) REMATION, OR 1	Cyrus	River, Co., Md. nson, Co., Md. lson,	ent in this supation	Name of operation	:, 19
2. BIRTHPLA (State 13. NAME 14. BIRTH (S 15. MAID 16. BIRTH (S 7. INFORMAN (Addre 8. BURIAL, C	deceased last wois occupation (meas) ACE (city or town) or country) EDG WAT HPLACE (city or tostate or country) EN NAME HPLACE (city or tostate or country) NT ACE BESS REMATION, OR 1	South Colli Own) A. A. Cyrus Co., REMOVAL RELUTT Ce	River, Co., Md. nson, Co., Md. lson, Co., Md. N. Jove	ent in this supation	Name of operation	: , 19
2. BIRTHPLA (State 13. NAME 14. BIRTH (S 15. MAID 16. BIRTH (S 7. INFORMAN (Addre 8. BURIAL, C	deceased last wois occupation (meas) ACE (city or town) or country) EDG WGP HPLACE (city or tostate or country) EN NAME HPLACE (city or tostate or country) NT NAME REMATION, OR I	South Colli Own) A. A. Cyrus Cyrus Co., REMOVAL Luff Ce	River, Co., Md. nson, Co., Md. lson, Co., Md. N. Jove	ent in this supation	Name of operation	: , 19
2. BIRTHPLA (State 13. NAME 14. BIRTH (S 15. MAID 16. BIRTH (S 7. INFORMAN (Addre 8. BURIAL, C Place	deceased last wois occupation (meas) ACE (city or town) or country) EDG WGP HPLACE (city or tostate or country) EN NAME HPLACE (city or tostate or country) NT NAME REMATION, OR I	South Colli Own) A. A. Cyrus Cyrus Co., REMOVAL Luff Ce	River, Co., Md. nson, Co., Md. lson, Co., Md. N. Jove	ent in this supation	Name of operation. Name of operation. What test confirmed diagnosis? Was there an a 23. If death was due to external causes (VIOLENCE) fill In also the following Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAManner of injury Nature of injury Nature of injury 24. Was disease or injury In any way related to occupation of deceased?	: , 19 E) ICE.

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Example I	11		Example II	-tops
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were	of death and related causes as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	3 1	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	FORF U DEF	I week ago
Cerebral hemorrhage	July 5,1927	Peritonitis		3 days ago
			Loan III	Ще
Other contributory causes of importance:		Other contributory ca	auses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

		1	01-		-	-		1	4	The state of the s		47	1	
	TION is very important. See instructions on back of certificate.	Sert	k of	bac	IO SUI	ructio	inst	See	tant.	mpor	ery i	is	TOL	
CAUSE OF DEATH in plain terms, so that it may be properly classifi	perly	pro	y be	t ma	that i	9, 50	terms	lain	in p	ATH	F DE	E O	AUS	0
mation should be carefully supplied. AGE should be stated EXAC	ted E	sta	d be	shoule	GE :	d. A	pplie	ly su	reful	be ca	pln	sho	nation	=
-WRITE PLAINLY, WIT JUNEADING INK-THIS IS A PERMAN	A PE	SIS	HI	IK	G IN	ADIN	NE	P	WI.	NLY	LAI	TE F	WRI	
MAKGIN KESEKVED FOR BINDIN)K B	F	3	EKV	大元	Z	AKC	¥		0				

N. B.-WRITE

V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE OF DEATH 00109
1. PLACE OF DEATH	92-0)
County ANNE ARUNDEL	Registration Dist. No. 21
Village or City Annapolis, Md.	NoSt.,Ward
Length of residence in city or town where death occurredyrs	(If death occurred in a horpital or institution, give its NAME instead of street and number) mosds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME Mrs Henry Ware Lawton	
(a) Residence: No. 36 Murray Avenue, Annapoli	S, Md St. Ward. WITHIR CORPORATE
(Usual place of abode)	S, MG St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4. COLOR OR RACE White S. SINGLE, MARRIED, WIDOWED OR DivorceD (write the word Widowed	21. DATE OF DEATH January 5th (Month) (Day) (Yeer)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of General H.W. Lawton, USA.	22. HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Feb. 30 1855	I lest saw h er elive on 5 January 19 34; death is said
7. AGE Years Months Deys If LESS that 1 day, or min.	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, HOUSEWITE SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation.	Valvular heart disease
12. BIRTHPLACE (city or town) Louisville, Kentucky. (State or country)	Other Contributory Canses of Importance:
I 13. NAME Craig.	
14. BIRTHPLACE (city or town)	Name of operation NONE Date of What test confirmed diagnosis? Wes there an au'opsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT	Accident, suicide, or homicide? NO Date of Injury
(Address) 18. BURIAL CREMATION, OR REMOVALUS ARLINGTON COMOTORY	9
Place Arlington, Na. Date, Jan. 8 193	Manner of injury
19. UNDERTAKER NOVAN 15. 14 Weshington, D. (Address) 928-MSt. N. Washington, D.	24. Was disease or injury in any way related to occupation of deceased? NO If so, specify
20. FILED	Name I accomm
if more blanks are needed, address State Regis	trar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis Run over by street ear 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1 N. B.—

1. PLACE OF DEATH County Chrone Chronele	Registration Dist. No.
Village or City Eurleigh Hera	- No. St., Ward
Length of residence in city or town where deeth occurredyrsmos.	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Dolores Voy	und astronam
(a) Residence: No. Quince (Usual place of abode)	St., Ward. If nearesident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. A HEREBY CERTIFY. That I ettended deceased from 22. A 19-34, to 19-34.
6. DATE OF BERTH (month, day, and year) July 11 And	PI lest saw h alive on
7. AGE Years Months Deys If LESS than f day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
K. Trade, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	/ Fronchozoneumours /- 23.3
SAW MILL, BANK, etc.	
0. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	Other Contributory Causes of Importance:
12. BtRTHPLACE (city or town) 4. G. Co. (State or country) Jud.	Branchitis 1-20-3
E 13. NAME George Listeraus	
13. NAME 14. BIRTHPLACE (Efty or town) (State or country)	Name of operation Dete of What test confirmed diagnosis? Wes there an eu'opsy?
E 15. MAIDEN NAME Elsie Bunk	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT LEVERUA CON	
Place John Hate Jan. 289	Manner of injury
19. UNDERTAKER / Zuth	24. Was diseese or injury in any way related to occupation of deceased?
20. FILED Jan. 25,1934 Z. a. B 2016	(Signed) M. D.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage FFB 5 1934	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County & a	Registration Dist. No. 21
Village or City (If Length of residence in city or town where death occurred	f death occurred in a horpital or institution, give its NAME instead of street and number) s
2. FULL NAME (a) Residence: No. 5/ 6 Mean M Bello (Usual place of abode)	safibbio St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (with the word)	21. DATE OF DEATH (Month) (Day) (Year)
Sa. If married, widowed, or divogod HUSBAND of (or) WIFE of Jellians One, Makebbess	22. I HEREBY CERTIFY, That I attended deceased from 1934, to 1934
6. DATE OF BIRTH (month, day, and year) Feb 12 - 1894	Wast saw h alive on Jan 3 002 , 191 4 ; death is sa
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at 3:356 mm.
39 1 8 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 6 / 622 11. Total time (years)	
this occupation (month and spent in this occupation occupation	
12. BIRTHPLACE (city or town) Bell M	Other Centributory Canses of importance:
13. NAME / Somar a metaline	
13. NAME Some a Magnification of the State or country) Bollow	Name of operation 2003 Classes Data of 1-30-3 What test confirmed diagnosis? Autopay. Was there an autopsy?
15. MAIDEN NAME a Pacific Foundays	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME a Packer Foundame 16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicide?
17. INFORMANT Lellein on Mestinblino (Address) and Solice	Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Rovel Carely Date File 2 ,19 /	Manner of Injury
19. UNDERTAKER 3 THE STATE OF T	24. Was disaase or injury In any way related to occupation of deceased?
20. FILED 2. 19-34 MASS Refisirar. If more blanks are peeded, address State Registrar.	(Signed) Augustal M. M. (Addrass) S. A. Naul Hagetal N. G

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial mephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.			*	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 N. B.—V

County	F DEATH Anne Arunde	el Count	У	Popietration Diet No. 2-1
Charactilla Chara Tomis				Registration Dist. No.
Village Dr C	ity			f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of resi	dence in city or town where	daath occurred		s. 5 ds. How long In U.S. if of foreign birth? yrs. mos. d
2. FULL NA	ME Andres	w Minor		
(a) Residen	ce: Np. Solle:	V A. A.	County	Mst.ylandward.
(a) Nesiden	ce. No	(Usual place		If nonresident give city or town and State
PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Separated				21. DATE OF DEATH January 8th (Month) (Dey) (Year)
5a. If marriad, widow HUSBAND of	ed, or divorcad			(month) (bey) (rear)
(or) WIFE of	Unknown			22. I HEREBY CERTIFY. Thet I attended deceased fro
1000				January 3rd , 1934 , 19 34
	month, day, and yaar)	1882	1	Hast saw him alive on January 8th ,1934, death is sa
7. AGE Yaa		nown	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 9:20Pm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
1		ilbair	ormin.	ware as follows: Date of one
Trada, profes	ssion, or particular vork dona, as SPINNER, BDDKKEEPER, etc	Femnom		
	BDDKKEEPER, etcbusinass in which	rermer.		Epiliptiforane Deyou
Work was	done, as SILK MILL, L, BANK, etc			
10. Date decease	ed last workad at	11. Total t	ima (yaars) ntin this ——	
- (III 2 0 C C II	pation (month and	spa occi	nt in this	
12 BIRTHRI ACE /ai	ty or town) North	Carolin	2	Other Contributory Canses of importanca:
(State or cour				Sul 10.
I I3. NAME	William M	inor, de	Ed	The state of the s
13. NAME	(city or town) Nort			
(Stata or		T ADI OTI	.416	Name of oparation Data of Data
		15,,,,,,,,,	3 - 5 3	Whet test confirmed diagnosis?
		Murray,		23. If daath was dua to external causas (VIDL ENCE) fill in also the following:
	(city or town)Q] country)	rth Caro	Lina	Accident, suicide, or homicide?
T		an rd a		Whera did injury occur? (Specify city or town, county and State)
77. INFORMANT Hospital Records (Address) Crownsville, Maryland				Specify whather injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMAT		, 1101 /1	anu	
Margle nick Data /11. 13k				Mannar of injury
1	· R	-		Nature of injury
19. UNDERTAKER (Addiass) /	31. Orlean	spr 1	Jales	24. Was disease or injury in any way related to occupation of dacaesed? If so, specify
20 5450 1/4-	- 34	27. (h	nul	(Signed) Dumey of Kacy

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	260	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

properly classified.

be

of certificate.

See instructions on back

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

PHYSICIANS should state Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	ß.	1	à	1	1	7
	,	1	J	1	1	3

	L. PLACE OI		Arundel			107-0	Duntak dina	2	111
	County		Laurel, N	rd.		No	Registration		Wand
	Village or C	···			3 yrs. 2 mos	No. death occurred in a horpital or inst ds. How long in U.S. i	itution, give its NAM) f of foreign birth?	F instead of street and	number)
:	2. FULL NAI		James Mod District	n Training (Usual place	School,	St., Ward.	Wash	maton give city or town and	D.C.
	PERSON	AL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL	CERTIFICATE	OF DEATH	
3.	3. SEX 4. COLOR OR RACE Male 4. COLOR OR RACE OR DIVORCED (write the word) Single				21. DATE OF DEATH	1 (Month)	17 (Oay)	, 1934 (Year)	
5a	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of					22. I HEREB March 22nd		Y. That I attended	
6.	6. DATE OF BIRTH (month, day, and year) 3-14-28				I last saw himalive on	T - 7 77 1.1-	, 19 34		
7.	AGE Yea	rs 5	Months 10	Days 3	If LESS than I day,hrs. ormin.	to have occurred on the date sta The PRINCIPAL CAUSE OF DE were as follows:			(
OCCUPATION	8. Trade, profes kind of w SAWYER, Industry or work was SAW MIL	vork dona BOOKKEI business i done, as L, BANK,	as SPINNER, EPER, etc n which SILK MILL, etc	loue	ima (years)		pneumonia		Oate of onset
-	this occuryaar)	pation (mo	Washin	spa occi	nt in this upation	Other Contributory Causes of in			B
ER	(State or cour		mas Moon	.C.		Id.	iocy		Ruch
FATH	14. BIRTHPLACE (State or	(city or t	own)Vir	ginia		Name of operation What test confirmed diagnosis?			EU.
MOTHER	15. MAIOEN NA 16. BIRTHPLACE		Alice Mo	sley		23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?			
17. INFORMANT Records District Training School (Address) Laurel, Md. 18. BURIAL, CREMATION, OR REMOVAL			Where did injury occur? Specify whether injury occurred	(Specify city or I in INDUSTRY, in HC	town, county and Sta	le) ACE.			
	Place Dis)istir L		ning Scho	aslah	Nature of Injury 24. Was disease or Injury In any If so, specify (Signed)			
	(/	,	/		Registrar.	(Address) Wa	r. IA. Jell	or daw	w mo

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

mation

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Gallstones	May 1,1923	Gastroenteritis	1 year

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4			

TION is very important. See instructions on back of

STATE OF MARYLAND-CERTIFICATE OF DEATH

00115

1. PLACE OF DEATH			(A-Z)		-3
County anne	arundel			Registration Dist. No.	40
Village Or City	Cumbus	(1)	Nods. How iong in U.S. if	St., tution, give its NAME instead of street s of foreign birth?yrs	and number)
2. FULL NAME	harles &	lomas	neal,		
(a) Residence: No.	aunte (Usual piace		St.,Ward.	If nonresident give city or town	and State
PERSONAL AND STATIS	STICAL PARTI	CULARS	MEDICAL C	CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Musle nugra	5. 51NGLE, MARI OR DIVORCEI	RIED. WIDOWED, O. (write the word)	21. DATE OF DEATH	Jan. 26 (Mgnth) (Day)	, 193 24 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of				Y CERTIFY, That i attended	
6. DATE OF BIRTH (month, day, and year)	Man 21	1954		10 2 /3 , 19	
7. AGE Years Months	1	if LESS than 1 day,hrs. ormin.	to have occurred on the dete state	1	
Trede, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	none-		Inani	tion-	Date of enset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and					
10. Data deceased last worked at this occupation (month and year)	11. Total ti spen occu	ma (years) it in this pation		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
12. BIRTHPLACE (city or town) Cus (State or country)	subustine,	. ml	Other Contributory Causes of imp	ortanco:	
13. NAME Samuel	heal,			while is a lo	1
13. NAME Samuel 14. BIRTHPLACE (city or town)	a. Count	y -	Name of operation		
15. MAIDEN NAME Sheres	ea you	19-		auses (ViOL ENCE) fill in also the follow	
16. BIRTHPLACE (city or town) (Stata or country)	alterlye	, und.		Date of injury	
17. INFORMANT father (Address)	Daguel	Meal		(Specify city or town, county and in INDUSTRY, in HOME, or in PUBLIC	State) PLACE
18. BURIAL, CREMATION, OF REMOVAL	Bulley	126,34	Manner of injury		
19. UNDERTAKED SAMUELE (Address)	I West	no. ma.		way related to occupation of daceased?	
20. FILED /26, 1934	MAC	auf lor	(Signed) Knily	H. Inlan	

If more blanks are seeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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1000			
ĘCU -			
Other contributory causes of importance:	71	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
1 Indiana and a second			

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING -WRITE PLAINLY, WIT, V. S. No. 1 N. B.

1. PLACE OF DEATH County Registration Dist. No. Village or City No. Length of residence in city or town where death occurred yrs mos. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred yrs mos. ds. How long in U.S. if of foreign birth? (a) Residence: No. 12 Mornand State (Usual place of abode) If nonresident give city or town and State
County. Village or City. No. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. 2. FULL NAME (a) Residence: No. 12 Morrant (Usual place of abode) St., Ward. (Usual place of abode)
(If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred
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2. FULL NAME Object Owers (a) Residence: No. 12 Monument St., Ward. (Usual place of abode) St., Ward. If nonresident give city or town and State
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(Usual place of abode) If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
em. Colored marked (Month) (Day) (Vear)
5a. If married, widowed or divorced HUSBAND of (or) WIFF of (or) WIFF of
(or) WIFE of floyd (Welso) am 6 1 24, 6 2 10 10 1934
6. DATE OF BIRTH (month, day, and year) Apr. 14 18 74 (Jast saw h. W. alive on 104 1934; death is said
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related aware for the principal cause of the princ
Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
R. Trade profession or particular
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work was done, as SILK MILL, SAW MILL, BANK, etc.
- 10 cms secapation (motiti and 2 bent ill (m)
year) occupation Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town)
(State or country) (/ Runce 2) 200.
13. NAME 14. BIRTHPLACE (city or town) Name of operation Date of
what tast confirmed diagnosis? ———————————————————————————————————
S. Il dealit was due to external causes (VIOLENCE) lill in also the Tollowing:
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(Address) 12. Immument st
18. BURIAL, CREMATION, OR REMOVAL
Place Data Data Data Nature of injury
19. UNDERTAKER 24. Was disease or Injury In any way related to occupation of deceased?
(Address) Transfer file If so, specify
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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstiti il pephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
2 2 0			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones Z	May 1,1923	Gastroenteritis	1 year
- A			

1. PLACE OF DEATH County a a To		(7.	Pagintentian Diet Ma	71
Village or City Son comu	Pala	No.	Registration Dist. No	Ca Ma
Length of residence in city or town where	death occurred	(If death occurred in a hospital	or institution, give its NAME instead U.S. if of foreign birth?yrs	
(a) Residence: No. Service	(Usual place of ab	St.,Ward.	If nonresident give city	or town and State
PERSONAL AND STATIST	FICAL PARTICU	LARS MEDIC	AL CERTIFICATE OF	
3. SEX 4. COLOR OR RACE Col.	5. SINGLE, MARRIED OR DIVORCED (w	rite the word)	ATH (Month) (Da	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	0	22. IHER	EBY CERTIFY, That	
6. DATE OF BIRTH (month, day, and year)	ept 21, 19	1 last saw h aliv	rem Charles State Control	
7. AGE Years Months 3		A	date stated above, atm. OF DEATH and related causes of Impo	ortance Date of ons
NOT SAWYER, BOOKKEEPER, etc	labor	Short V	y pestor	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.				
10. Date deceased last worked at this occupation (month and year)	11. Total time (spent in occupatio	this	near	
12. BIRTHPLACE (city or town) Q Q (State or country)	60, md	Other Contributory Cause	of importance:	
13. NAME James Lev	i Pack			
13. NAME James Jew 14. BIRTHPLACE (city or town) . A: A (State or country)	Go, md	Name of operation		Date of
# 15. MAIDEN NAME Martha	9000 7110	1/0	nosis? W	
16. BIRTHPLACE (city or town)	2. 1000 m	Accident, suicide, or homi	ernal causes (VIOL ENCE) fill in also icide?	1/20 >1
State or country)	1	Where did injury occur?	Seven Park	ala, Con hu
17. INFORMANT James Le	r. Pack		(Specify city or town, concurred in INDUSTRY, in HOME, or in	PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	rele W. a.	Manner of Injury	hat by Rest	P
Place to ment	2 Date Jan & ?	Nature of injury	/ /	
19. UNDERTAKER R & Park	un		in any way related to occupation of d	eceased?
20. FILED / 3 , 1934	Musph	If so, specify (Signed)	howar Ho	asif Kr.
110		Registrar. (Address)	carry -	W/WX

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example H	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FEB 5 1904	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

Exact statement

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00118
County Q - Q -	Registration Dist. No. 21
Village or City annal, This and	No. Emergency Hospital St. Ward
(lf	death occurred in a horpital of institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME SEgrgranna Yarker	WITHIN CORPORATE LIMITS OF
(a) Residence: No. Jothian a a -co-1110	d. St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Jan. 24 193 4
marria	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marvied	22. I HEREBY CERTIFY, That I attended deceased from DCC. 25, 1938, to Jan. 24, 1934.
6. DATE OF BIRTH (month, day, and year) APri). 24, 1877	Hast sawher alive on Jan . 124 , 19.34; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at
36, 7a/ml - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
* Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Caremana Colone Unkera
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Pristol (State or country) a a a co mad	Other Contributory Causes of importance;
13. NAME Johns Sellmon	
14. BIRTHPLACE (city or town) DYNEY (State or country) Q - QT - CO - IN Q	Name of operation Taparalamy Date of 727/32 What test confirmed diagnosis? Section Was there en au'opsy? No
15. MAIDEN NAME UM KNOWN	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) - Act Parrow (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT James Parker aacod (Address) Lothian aacod	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place action, or removal Compt Date 1, 28, 1934	Manner of Injury
19. UNDERTAKER & M. B. Parker (Address) 47 Washington & 1	24. Was disease or injury In eny way related to occupation of deceased? 200 If so, specify 4
20. FILED / 77 , 19.34 / Marsh Rigistras.	(Signed) 99 Who Markin M.D. (Address Annaholis M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Dr Marlin

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Perilonilis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

	T RI	×	Ex	
INDING	SRMANEN'	EXACTL	classified.	•
FOR E	IS A PI	stated I	properly	certificat
J	HIS	be	pe	Jo
MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH CNFADING INK-THIS IS A PERMANENT RE	mation should be carefully supplied. AGE should be stated EXACTLY.	CAUSE OF DEATH in plain terms, so that it may be properly classified. Ex	TION is very important. See instructions on back of certificate.
	-WRITE	mation she	CAUSE 0	TION is

B.—WRITE

V. S. No. 1

1. PLACE OF DEATH			(Na)	113
County			7-/7	9
Village or City	-	027/	No. St., death occurred in a hospital or institution, give its NAME instead of street and n	Ward
Length of residence in city or town where d	eath occurred	yrs. mos		
7/7 1	-6-0-1	10	E Les	
2. FULL NAME	-reace			
(a) Residence: No. 2	(Usual place of	f abode)	St., Ward. If nonresident give city or town and it	State
PERSONAL AND STATISTI	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
SEX 4. COLOR OR RACE	4	IED, WIDOWED, (write the word)	21. DATE OF DEATH Approx i male by au 3 7k (Month) (Day)	193 (Year)
a. If married, widowed, or divorced HUSBAND of	1 /		22. I HEREBY CERTIFY, That I attended of	deceased from
(or) WIFE of	marions	V	19, to	
. DATE OF BIRTH (month, day, end year)	bout !	264	I lest saw h alive on, 19,	
. AGE Years Months	Days	If LESS than	to heve occurred on the date stated above, atm.	
70 m	howen	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	
8 Trade profession or particular	S	, 01	a Tost morleur held	Date of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	May		186. 121 '34 death	10
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Date deceased lest worked et	1/2		from Post morten Examines	3
work was done, as SILK MILL, SAW MILL, BANK, etc	11 Total tin	The state of	I was los dente Cerebal	E
this occupation (month and year)	11. Total tin	t in this	Demondade Dead	
0			Other Contributory Causes of importance:	1
2. BIRTHPLACE (city or town) (State or country)	1 - 1 4 a		your + 8 7 60	
1	00,000	~~~	aae.	
				2
14. BIRTHPLACE (city or town)			Name of operation Date of	nich.
			What test confirmed diagnosis?	
	*		23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town)			Accident, suicide, or homicide? Date of injury	, 19
(Oracle of vouling)			Where did injury occur? (Specify city or town, county and State	:)
7, INFORMANT (Address)			Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	ICE.
8. BURIAL, CREMATION, OR REMOVAL ,	18		Manner of injury	
Place Dan idon illel	Levoete 726.	3-,1934	Nature of injury	}
9. UNDERTAKER (Address)	Cox	An C	24. Was disease or injury in any way related to occupation of deceased	28
(Address) A don do	n will	Day .	If so, specify (Signed)	1 1

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		d3V13O3 91	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

TION

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

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Example I		Example II The principal cause of death and related causes of importance were as follows:			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
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Cerebral hemorrhage FEB 3 1934	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:	•	Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

17. INFORMANT (Address)

19. UNDERTAKER

20. FILED.

(Address)

(State or country)

V. S. No. 1

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STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County_ arme armelel	Registration Dist. No. 2 /
Village or City: Que appeles	NoSt. Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsm	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Body & hellips	
	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORED (write the word)	21. DATE OF DEATH Jan 18 193 4
5a If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	
la 1018 x	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year)	1 last saw h; death is seid
7. AGE Years Month Days If LESS than	to have occurred on the date stated above, at
Constant Y less 4 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration (month and	Itil Dom
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at 11. Total time (years)	- Mudlin our -
this occupation (month and spent in this year)	about 4 months
7. 2. 1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country) 74 successor	- Mualun
13. NAME Tro, W. Phillips	
13. NAME To, W. Phillips 14. BIRTHPLACE (city or town) Chember 1.	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME HEAT Chung F Fountauch 16. BIRTHPLACE (city or town) Cambril 18	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Cambridge to J'	Accident, suicide, or homicide? Date of injury19
E (State or country)	

If so, specify (Signed)

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Registrar.

Where did injury occur?

Manner of injury Nature of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy VISI & 774	1 week ago
Chronic interstitial nephritis	1921	Run over by street or	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

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STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	110
County A.	Registration Dist. No.
Village or City Davidson, le	NoSt.,Ward
Village of City 200-15-15-16-16-16-16-16-16-16-16-16-16-16-16-16-	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Nobert Buyanin	Pdipps
(a) Residence: No. Atlanta Tom V. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary El, zabeth Phippe	22. I HEREBY CERTIFY That I attended deceased from 1934, to 1934.
6. DATE OF BIRTH (month, day, and year) Dec 25 1875	last saw how alive on fam (1924; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1.400 m.
58 0 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as-fetows:
Trade, profession, or particular kind of work done, as SPINNER SAWYER, BODKKEEPER, etc.	Bronch tis
Kind of work done, as SPINNER SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this negrotation (month and seems in this seems in the seems i	
10. Date deceased last worked at this occupation (month and 938 spent in this ALO occupation)	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
13. NAME Bay amount Ship to	
13. NAME DEMY amount Thiffy 14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Annie Jayler 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT A. D. 2 Physics (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Davidsonlf Dat Jan 9 , 1934	Nature of injury.
19. UNDERTAKER ROLL. I Suit (Address) Curapolio Mo	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Jan 8 , 1924 Cadward Collinson Registrar.	(Signed) (Address) Day Supply ble les

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

PEP1 & 139

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroentcritis 1 year

	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY PHYSICIAN
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1. PLACE OF DEAT

STATE OF MARYLAND—CERTIFICATE OF DEATH

Date of onset

BINDING

RESERVED

(Address) . Registrar. If more blanks are needed, aldress State Registrar, 244 N. Charles Street, Baltimore, Requ

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial heptroits C. E.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
TEU S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	189
County Co. Co.	Registration Dist. No. 2
Village or City Commando also	No
	ds. How long in U.S. if of foreign by th? wrs mosds.
2. FULL NAME Lines Panola	LL SITHIN CONFORATE LIMITS OF
(a) Residence: No. 25/6) 13	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jay. 1934
5a. If married, widowed, or divorced AUSBAND of	(Month) (Day) (Yeer)
(or) MITE of Clayfon Mandall	22. HEREBY CERTIFY. That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) 0 25-/910	I last saw hele alive on Gallet 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
23 2 24 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Data of one ot
SAWYER, BOOKKEEPER, etc.	Ceremens 1212-
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at 11. Total time (years)	Cause S, ruftule 2 barran 1933
SAW MILL, BANK, etc	Cupt 1 ls12-
this occupation (month and spant in this occupation	143
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	selledary neuronday - Jan 9 -
II 13. NAME Cellei Payne,	J. 77.27
Ξ // / /	felactory 1 diamate 10
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation Laterality of Alam pate of the 112
E 15. MAIDEN NAME Matter	What test confirmed diagnosis? Way thara an au'opsy?
H Marce	23. If death was due to external dayses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
Claret D. 11	(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Conflor Janolalf:	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	/ Manner of injury
Place Burn full Date 1 1 24 1934	Nature of injury
19. UNDERTAKER Chase Quessell	24. Was disease or injury in any way related to occupation of deceased?
(Address) Cennagodis Myd.	If so, specify fill for the second se
20. FILED 1 24 1934 JM Mary Megistras.	(Signed) (MM) A WHATELE M. D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

N. B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	il i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis FEB 5 1954	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	County	Anne	Arunde	1		Registration Dist. No. 41
	Village or C	ityC	hawher	ille St	ate Hospi	t eath occurred in a horpital or institution, give its NAME instead of street and number) 3. 26 ds. How long In U.S. if of foreign birth?
			~	harles i		sds. now long in U.S. It of foreign birth/yrsmosds.
2	FULL NAI					3 3
	(a) Residen	ce: No		(Usual place	of abode)	er Stand Ward. If nonresident give city or town and State
	PERSON	AL AND	STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
	male	4. COLOR	ck	OR DIVORCE	RIED, WIDOWED. D (write the word) LOWED	21. DATE OF DEATH Jenuary 21st (193 4 (1941)) (Month) (Day) (Year)
5a.	If married, widow HUSBAND of (or) WIFE of	ed, or divorce	ed	Unknown		22. I HEREBY CERTIFY, That I attended deceased from January 25 19 33 to January 21 19 34
6. 1	DATE OF BIRTH (month, day, a	and year)	854		I last saw h im alive on JE nuary 21 s, to 34; death is seid
7. /	AGE Yea		Months Unk	Days	If LESS than I day,hrs. ormin,	to have occurred on the date stated above, at
OCCUPATION	Date decease	business in w done, as SIL L, BANK, etc	which K MILL, ed et h and	11. Total ti	orer me (years) nt in this pation	Generalized arteriosclerosis ? ? Arteriosclerotic heart disease with sortic stenosis
12.	BIRTHPLACE (cit (State or coun		Ma	ryland		Other Cantributary Canacs of importance: Pericarditis
ER	13. NAME	Ch	arles I	Roberte,	dead	
FATHER	14. BIRTHPLACE (State or	country)	'/	ryland		Name of operation Date of What test confirmed diagnosis? Was there an autopsy? Yes
띰	15. MAIDEN NA	ME Ann		liams, d		23. If death was due to external causes (VIOLENCE) fill in elso the following:
MOTHER	16. BIRTHPLACE (State or		1)	lar yland	1	Accident, suicide, or homicide? Date of injury, 19
17.			al Reco	ords Maryla	nd	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18.	Place	DN, DR REM	dova	Date/_	24 SC	Manner of injury
	UNDERTAKER (Addiess)	21	fi Wi	Mon	22 1	24. Was disease or injury in any way related to occupation of deceased? If (o, specify (Signed) (Crown sville, Maryland M.D.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis '	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car Puly 5,1927 Peritonitis Other contributory causes of importance:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example 1			Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principa of important	al cause of death and related causes	Date of onset
Arteriosclerosis	1915	Attack of epil	BUREAU V. S. Asda	1 week ago
Chronic interstitial nephritis	1921	Run over by s	reet car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	FEB P TATE	3 days ago
			Потанарач	
Other contributory causes of importance:		Other contri	butory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

V. S. No. 1

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oule	FI	TION is very important. See instructions on back of certificate.
sh	EO	Si
tion	CS	ZC
ma	CA	TIC
	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00127		
1. PLACE OF DEATH	92-20		
County Ame arundel	Registration Dist. No. 21		
Village or City Comapolis	ND. St., Ward death occurred in a hapital or infitution, give its NAME instead of street and number)		
	ds. How long in U.S. if of foreign birth?mosds.		
2. FULL NAME Hours Schworts			
(a) Residence: No. Evotor Ind	St. Ward.		
(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE Normal of the word	21. DATE OF DEATH (Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of HUSBAND of (or) WIFE of	22, I HEREBY CERTIFY, That I attended deceased from		
6. DATE OF BIRTH (month, day, and year) Jeft 16 1889	1934, to Jan 1934, 1934.		
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 40.30 Plm.		
4-// // lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance		
Trade profession or particular	were as follows Tour man los to Carta Date of onset		
No. Trade, profession, or perticular kind of work done, as SPINNER. enfenter SAWYER, BOOKKEEPER, etc.	11 rent of de 182		
Rind of work done, as SPINNER. ar Jenter SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	muser wase y		
10. Date deceased last worked at this occupation (month and year)			
Baltanes	Other Contributory Causes of importance:		
12. BIRTHPLACE (city or town) (State or country)	The walls (alle)		
13. NAME Julius Tchwasts	Tagie seulmans		
I // 0	Harris of countries UM		
4 14. BIRTHPEACE (city or town)	Name of operetion		
15. MAIDEN NAME Indea on	23. If death was due to external causes (VIOL ENCE) fill in also the following:		
15. BIRTHPLACE (city or town) June (State or country)	Accident, suicide, or homicide? Date of Injury 19		
State or country)	Where did injury occur?		
17. INFORMANT Florence V Schwarty (Address) Elvator and	(Specify dity or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury		
Place Cedar Hill Date for 19 1934	Nature of injury		
19. UNDERTAKER John & Denny (Address) 715 Light st	24. Was disease or injury in any way related to occupation of deccased?		
20. FILED / 17 , 1934 Murph Registrar.	(Signed) Wheth h. Wederson M. D. (Address) Willeafle, My		
If you block me and I all the St. B.	N. Cl. L. C P. L. P		

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Chronic interstitial nephritis	1921	Run over by street car	1. week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBALI V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH

PLACE OF DEATH County URLV	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Warm of the (No.	laylo Rue St.: Ward) a hospital or institu
2FULL NAME anna Seviste	2 neastlest Balt, a nospital or institution, give its NAME is stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 3, 19234
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Month) (Day) (Year)	1 1923 to 3 , 1923 that I last saw he alive on 3 , 1923
7 AGE If LESS the	and that death occurred on the date stated above, at
1 62 yrs. 3 mos. 10 ds. or min	
a OCCUPATION (a) Trade, profession or particular kind of work	Delote Jangen
(b) General nature of industry business, or establishment in	J
Swhich employed or (employer)	(Duration) yrs. mos. ds
9 BIRTHPLACE (State or country) 31/10 Sfast Rich	Contributory Secondary
10 NAME OF FATHER 141, JULY 1500-	(Signed) (Daration) yrs. de.
O II BIRTHPLACE	- 1-3 1934 (Address) Earthort Ma
OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER THERE PRANSA	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) OSLAND	At place of death yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mrs Tenomins mk	Former or usual residence
(Address) W. anneth hi	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL GREEN 19 3
Filed / 3 1984 Amery Fregistrar	20 UNDERTAKER PASIK ADDRESS 6

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emworked on may form part of the second statement Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery: man, (b) Automobile factory. The material Compositor, Architect, Stationary fireman, etc. For persons who have no occupation person, irrespective of Locomotive engineer, But in many

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Ezhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Measles; "PUERPERAL septicaemia," "PUERPERAL peritonitis, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stited unless important. unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of....... (name origin; "Cancer") is less definite; avoid telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the carbolic acid-probably suicide. The n ture of the injury, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all (secondary or intercurrent) accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, Chronic interstitial nephritis, American Medical Association as fracture of skull, and consequences (c. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJU.: Y resulting from childbirth or miscarriage as cough; Chronic Example: Measles (disease etc. The contributory affection need valvular heart disease; not be

If this certificate is solved over thoroughly and all qu stions answered in d ta it will prevent further correspondence. All the data is esserial and just be obtained before the certificate is permanently lie.



STATE OF MARYLAND—	CERTIFICATE OF DEATH 110129
1. PLACE OF DEATH	30
County a a	Registration Dist. No. 40
Village or City Howard	NoSt., Ward
Length of residence in city or town where death occurred 26 yrs	If death occurred in a horpital or institution, give its NAME instead of street and number) ss. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME MOMBA	2) lines
(a) Residence: No. Harwoo (Uwal place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word) COLOR OF DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of Gornanda Sime	1 HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and year) On og 17- 1882	I last saw h. Lee alive on 9 km /2/ 1934; death is said
AGE Years Months Days If LESS than	to have occurred on the data started above, at A.m.
51 8 6 1 day,hrs.	was as follows.
8. Trade, profession, or particular kind of work dona, as SPINNER, X Grange SAWYER, BOOKKEEPER, etc.	Gasegresse (Infactions) Data of one 193
SAWYER, BOOKKEEPER, etc.	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
Date deceased last worked at this occupation (month and 1935) 11. Total time (years) spant In this occupation occupation	
2. BIRTHPLACE (city or town) Q Q Q C m	Other Contributory Causes of importance:
13. NAME Jeannes. Simos.	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Q G G M	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME (Mary: Summer.	23. If daath was dua to external causes (VIOLENCE) fill in elso tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19
(State or country)	Whera did injury occur? (Specify city or town, county and State)
7. INFORMANT among Schools (Address) Harvoo may line	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVED Place Laker Chapter Date Date 25, 19 4	Manner of Injury
9. UNDERTAKER B I Hopforming (Address) amongla file in the second of the	24. Was disease or injury in any way related to occupation of deceased?
0. FILED /2 5th 19 34 It P. Clay tor Neg mad Registrar.	(Signed) IS It as I M. D. (Address) It as I Provide the Control of the Control o
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	1 week ago
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
TO VER DE L			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
1309		3	

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stat	PA	
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oul	00	1
sh	Je	1
SZ	nt	1
IA	me	1
SIC	late	
HX	200	
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Υ.	Ê	
-1	d.	
CI	iffe	
V	ass	
EX	2	
P	erly	icat
ate	rop	rtif
50	id :	ce
be	pe .	of
plu	nay	ack
sho	it r	n b
E	lat	S
AC	th o	ion
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× 8	lain	S
Lul	u p	nt.
are	H	rta
e c	AT	n po
q p	DE	r in
no)F	rer
Sh	EC	TION is very important. See instructions on back of certificate.
tion	ns	N
mal	CA	TIC
1	7	1
	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

Registration Dist. No. 21 No. 11 Cathedral St., Walf death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
No. 11 Cathedral St., Walf death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. c St., 2 Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
St., Ward. Ward. We will be a converted in a hospital or institution, give its NAME instead of street and number) St., Ward. Ward. MEDICAL CERTIFICATE OF DEATH
s. ds. How long in U.S. if of foreign birth?
If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
MEDICAL CERTIFICATE OF DEATH
10
Camary 10 193 4
(Month) (Day) (Year)
22. HEREBY CERTIFY That I attended deceased from
193 × 10 Ruary , 193
I last saw h alive on factor of 1954; death is s
to have occurred on the date stated above, at
were as follows:
Carrier rece me ansay
Other Contributory Causes of importance:
_
Name of operation Date of
What test confirmed diagnosis? Quilofus Was there an autopsy?
23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide?, Date of injury, 19
Where did injury occur?
(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
4 ,
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? 200
If so, specify
(Signed) Lory C. Royal M.
(Address) Cumpfolis Mix

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street cor	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		18 5	
Other contributory causes of importance:		Other contributors causes of importance:	
Gallstones	May 1,1923	Gastroenterities	1 year
		193 5	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENT	BY	PHYSICIAN
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BINDING

RESERVED

WRITE

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis Peritonitis	3 days ago
RUPEAU V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	DI	PHISICIAL

See instructions on back of certificate.

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 00132
1. PLACE OF DEATH	
County Clima andel,	Registration Dist. No. 23
Village or City flace Burne .	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ennes X Since,	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLON OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of DOORS - 2	22. I HEREBY CERTIFY That I attended deceased from
aliera Miles	Jan 1 34, 10 Janagry 31, 1934
6. DATE OF BIRTH (month, day, and year) June 1867	I last saw here alive on Accuracy 3 1934; death is sald
7. AGE Years Mooths Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
O I y ormin,	were as follows:
No. Trade, profession, or particular kind of work done, as SPINNER, Machinist SAWYER, BOOKKEPER, etc.	(2) SE 11. Well 4
9. Industry or business in which	Trionic Suffiched of fruits, Judel
work was done, as SILK MILL, SAW MILL, BANK, etc	Chron Schows
D. Date deceased last worked at this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) Austria	Other Contributory Causes of importance; Casalras Kuurihaat 3 days.
(State or country)	Caresma Spine mage
13. NAME Frank Since. 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of Country), Wow or	What test confirmed diagnosis? Was there an autopsy//
15. MAIDEN NAME // NAME // MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME // MAINE / MAINE / MAINE M	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT My Communica France (Address) Glenburne no	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place out on Date fun 4 ,1937	Nature of injury
19. UNDERTAKER Klorge Z. Beyer Sond (Address) 15/2 Valling St Balt md	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 3 134 MORALIDA	(Signed) Shu flllaganelles M.D.
Registrar.	(Address) - December 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attock of epilepsy T. C. A DV-1808	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis CAT C AZ	3 days ago
		BECEINED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (m state occupation at beginning of illness. If retired from or given up on account of the disease causing heath, gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken laborer, Farm laborer, Laborer-Housemaid, etc. If the occupation has been changed to report specifically the occ. pations of persons definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; : Iditional line is provided for the latter statement; it nature of the business or industry, and therefore an should be used only when needed. sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, (a) Foreman, (b) Automobile factory. The material cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthnatever, write None. Statement of Occupation - Precise statement of oc-01 For many occupations a single word or term on Wrs.). At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-As examples: (a)

EASE AN SING DEATH (the primary affection with respect to the and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp"); phinal meningitis"); Diphtheria (avoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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1934

Nomenclature of the American Medical Association.) head of "contributory." ment of cause of death approved by quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by curbolic acid-probably suicide. symptomatic), "Atrophy," "Collapse," "Coma," train—accident; Revolver wound of head—homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or can be ascertained as the cause. rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion," "Heart failure." "Haemorconditions, such as "Asthenia." "Anaemia" causing death), 29 ds.; Bronchopneumonia nuges, peritonacum, etc., Carcinoma, Surcoma, etc., of (name origin; "Cancer" is less definite; avoid State cause for which surgical operation was under-"Puerperal septicaemia." "Puerpural peritonitis," diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness." ctc., when a definite disease vnlsions," ary), 10 ds. stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of hungs, men-(secondary or intercurrent) affection need not be Whooping cough; FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or Chronic valvular heart discase; (Recommendations on state-Example: Measles Always qualify all Committee on (merely terminal (second-(disease "Con-

If this certificate is looked over thoroughly and all questions inswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.-WRITE PLAINLY,

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	n-c,
County anne arundel	Registration Dist. No. 20:
Village or City Davidsonville	No. St., Ward
(H)	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME grund Solwaso	7
(a) Residence: Not avidsonville allo	St., Ward.
(Usual place of abode)	ff nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVERGED write the word	21. DATE OF DEATH 20 193 4
ia, If married, widowed or divorced	(Month) (Oay) (Year)
HUSBAND OF CONTROL ACCORD	Jany 2/ 1034 have the 1834
5. DATE OF BIRTH (month, day, and year) Oct. 10, 1874	I last saw how alive on free of 70 /1934; death is soid
AGE Years Months Days If LESS than 1 dey,	to have occurred on the date(stated ebove, a/s/m.
59 3 1 dey,—_hrs. ormin.	The PRINC(PAL CAUSE OF DEATH and releted causes of importance were as follows:
3. Trade, profession, or particular kind of work done, as SPINNER	J. D.
SAWYER, BOOKKEEPER, etc.	Armaha)
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	11 Timeno pneamonia 1.23,3
10. Date deceased last worked et . 11. Total time (years)	
this occupation (month and 1.20 spent in this year)	
	Other Contributary Cames of importance:
12. BIRTHPLACE (city or forth) Coco Source (State or Acountry) Coco State or Acountry	Influenza Nont 1,19,3
13. NAMELIACO VATREWOOD	July 1
No - to moule he	Name of operation. Oate of
(State or country)	Name of operation Oate of What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAMEDELINA LONGO	
13. MAIDEN MAINE	23. If death was due to external causes (VIOL ENCE) fill in also the following:
2 16. BIRTHPLACE (city or) And Carlotte (State or country)	Accident, suicide, or homicide? Date of injury, 19
(Sal la Renal	(Specify city or town, county and State)
17. INFORMANT (Address) Mrother Japanessonville	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATAON, OR REMOVAL	Manner of Injury
Precede Oate 0.195	Nature of Injury
19. UNOERTAKER A	24. Was disease or injury in any way related to occupation of deceased?
(Address) Avisoniosica	(Signed) Cuelos Level M. D.
20, FILEO Jan. 21, 1934 - lestre J. Suits.	(Signey August Mis Mis
(Registrar.	(Audios)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis -1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroen teritis 1 year

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	VIT.	fully	1 pla	ıt.
	Y, 1	care	Hin	ortai
)	INL	be	EAT	imp
	LA	plne	F D	ery
	B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should stat	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA	TION is very important. See instructions on back of certificate.
	VRI	tion	AUS	NO
	1	m	C	TI
	8	1 "	1	3

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PL/	ACE OF DEA	TH			(80)
Cou	untyAni	e rund	el		Registration Dist. No. 21
Vill	lage or City	nnapol	is		No. State Circle St 2 Ward
Len	gth of residence in o	city or town where	death occurred		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
	LL NAME			KETT, SR	
	Residence: No.	711 1	Circle	****** * *****************************	St., 2 Ward.
(a)	nesidence. No		(Usual place	of abode)	If nonresident give city or town and State
	ERSONAL AN		ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX		OR OR RACE	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH January 31 193 4
5a. If marri	ied, widowed, or div	ite	marrie		(Month) (Day) (Year)
HUSB	AND of VIFE of	Clara C.	. Stocke	tt	22. HEREBY CERTIFY, That I attended deceased from
		N	. 4 7	050	1 last wh but alive on 1930, to Jan 3/ 1934 death is seid
7. AGE	F BIRTH (month, da Years	Months	Davs	858 If LESS than	to have occurred on the date stated above, at
	75	2	27	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Tra	ade, profession, or a	particular	1 131	ormin.	were as follows:
10	kind of work done SAWYER, BOOKKE	, as SPINNER,	lawyer		braemia Jan 30
OCCUPATION Da	dustry or business i work was done, as SAW MILL, BANK,	n which SILK MILL,			
20 X 0a	SAW MILL, BANK, te_deceased last wo	etc	11 Total t	ime (years)	
00	this occupation (moyear)	onth and	spe	nt in this	
12 DIDTU	PLACE (city or town				Other Contributory Causes of Importance:
(Sta	ate or country)]	ar vland	L	FARIS HORALES 192
₩ 13. NA	ME Frank	H. Sto	ckett,		70000
13. NA 14. BIF	RTHPLACE (city or t	own)i	napolis	3	Name of operation Oate of
	(State or country)			land.	What test confirmed diagnosis? Clissical Was there an autopsy? Mi
15. MA	HOEN NAME	Mary P.	Hall,		23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MA 16. BIF	RTHPLACE (city or t	.UWII)	anapolis		Accident, suicide, or homicide?Oate of injury, 19
-1	(State or country)		Maryl		Where did injury occur? (Specify city or town, county and State)
	MANT Mrs.	Clara (C. Stock	cett,	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
	, CREMATION, OR		77 1	5 67.4	Manner of injury
Plac	ceste ann	es Cemt	• Date Fe	2, 1934	Nature of Injury
19. UNDER	TAKER John	Lav.	lor.		24. Was disease or Injury In any way related to occupation of deceased? 123
		apolis,	M.Q.	P	If so, specify
20. FILED_	22	1994	Mun	Alex	(Signed) M. D.
		()	blanks are needed.	Registrar.	(Address) (Address)

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Example I	7	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were	of death and related causes s follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	FEB 2 1834	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	BECEINEDI	days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:		
				1 year

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1. PLACE OF DEATH County. Annual County Annual County Cou	STATE OF MARYLAND—	CERTIFICATE OF DEATH	0136
Village or City Final all No. 18 April	1. PLACE OF DEATH	(Pa-20)	
Length of residence in dity or town where death occurred. Length of residence in dity or town where death occurred. Length of residence in dity or town where death occurred. Length of residence in dity or town where death occurred. Length of residence in dity or town where death occurred. Length of residence in dity or town where death occurred. Length of residence in dity or town and Sease. Length of residence in dity or town and Sease. Length of residence in dity or town and Sease. PERSONAL AND STATISTICAL PARTICULARS J. SEX L. COLOR OR RACE OR SURGEL MARKED WIDOWED. S. SINGLE MARKED WIDOWED. LOUIS OF DEATH OR DIVINGE WIDOWED. LOUIS OF DEATH J. J	County anne arundel	Registration Dist. No.	23
Length of residence in city or town where death occurred. 2. FULL NAME 2. FULL NAME (a) Residence: No. J. G. G. W. C.		No. Ferdmand St.	Ward
(a) Residence: No. 2905 Medical Superior States (Charal pipe of a base) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR PHYSICE AND STATISTICAL PARTICULARS 5. II Married, widowed, or divorced HUSBARD of Work down or divorced HUSBARD of HUSBARD or divorced HUSBARD of HUSBARD or divorced HUSBAR			
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED	2. FULL NAME Wavid W. Sum	meis .	
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED	(a) Residence: No. 2905 Westheld arc.	Bollo, Mad.	
3. SEX 4. COLOR OR RACE OR PROCED (covir thy word) OR DAYORCED (covir thy word) OR DAYORCED (covir thy word) Sa. If married, windowed, or divorced (cr) Wife of was the covir thy word) (Gr) Wife of was the covir thy word) 6. DATE OF BIRTH (month, day, and year) 7. AGE Vers Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular to have occurred on the date states dove, at 2 22 m. 1. Industry or business in which work often as 5 PINNER, business in which work often as 5 VINNER, was a sollows. 1. Industry or business in which work often as 5 VINNER, business in which work often as 5 V	(Usual place of abode)		State
OR DIVORCED (write the word) Authority State of divorced (write of the word) Sa. It married, widowed, or divorced (Wash) HUSBAND (Wash) S. Day State of BIRTH (month, day, and year) S. Day It LESS than 19,33, to 19,34, death is said to have occurred on the date state(plabove, at. 19,34, death is said to have occurred on the date state(plabove, at. 19,34, death is said to have occurred on the date state(plabove, at. 19,34, death is said to have occurred on the date state(plabove, at. 19,34, death is said to have occurred on the date state(plabove, at. 19,34, death is said to have occurred on the date state(plabove, at. 19,34, death is said to have occurred on the date state(plabove, at. 19,34, death is said to have occurred on the date state(plabove, at. 19,34, death is said to have occurred on the date state(plabove, at. 19,34, death is said to have occurred on the date state(plabove, at. 19,34, death is said to have occurred on the date state(plabove, at. 19,34, death is said to have occurred on the date state(plabove, at. 19,34, death is said to have occurred on the date state(plabove, at. 19,34, death is said to have occurred on the date state(plabove, at. 19,34, death is said to have occurred on the date state(plabove, at. 19,34, death is said to have occurred on the date state(plabove, at. 19,34, death is said to have occurred on the date state(plabove, at. 19,34, death is said to have occurred on the date state(plabove, at. 19,34, death is said to have occurred on the date state(plabove, at. 19,34, death is said to have occurred on the date state(plabove, at. 19,34, death is said to have occurred on the date state(plabove, at. 19,34, death is said to have occurred on the date state(plabove, at. 19,34, death is said to have occurred on the date state(plabove, at. 19,34, death is said to have occurred on the date state(plabove, at. 19,34, death is said to have occurred on the date state(plabove, at. 19,34, death is said to have occurred on the date state(plabove, at. 19,34, death is said to have occurre			
5. If Married, widowed, or divorced HUSEAND of Carl Wife	The state of the s	21. DATE OF DEATH	4
HUSBAND of Corp hire of Corp hi		(Month) (Day)	(Year)
8. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days II LESS than I day. II	HUSBAND of	22. I HEREBY CERTIFY That I attended	deceased from
T. AGE Veers Months Days If LESS than 1 Iday. Introduction of particular with a control of the principle	mal Jein Jummer	1 1 2 1 2 1 - 1 0	, 19.3.4
Trade, profession, or particular ware as follows: Note		I last saw 1 m alive on fant 8 ,1934	death is said
Trade, profession, or particular kind of work done, as SPINKER, SAVER, BOOKEPER, etc. Act Les SAVER, BOO			
Trade, profession, or particular as SPINNER, SAWYER, BOOKKEPER, etc. SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL. 10. Data deceased last worked at the work was done, as SILK MILL. 11. Total time (years) Span in this payers Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) Manual Andrews 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL CEMANTION, OR REMOVAL Place 19. Industry 19. UNDERTAKER 10. Manual Andrews 10. Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Signed) Manual Andrews M. D. Registion. (Address) 20. FILED. M. D. (Signed) M. D. (Address) M. D.	(0H) () 8 ormin.	ware as follows:	Date of onset
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 20. FILED (Othar Centributory Causes of importance: Othar Centributory Othar Centribu	8. Trade, profession, or particular kind of work dona, as SPINNER,		
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13. NAME Suester Summers 14. BIRTHPLACE (city or town) Manufacture Manufactu	11' 11 00.9	Other Contributory Causes of importance:	
13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED 10. MAIDEN 11. Date of What lest confirmed diagnosis? Was there an au'opsy? May What lest confirmed diagnosis? Was there an au'opsy? May What lest confirmed diagnosis? Was there an au'opsy? May What lest confirmed diagnosis? Was there an au'opsy? May What lest confirmed diagnosis? Was there an au'opsy? May Accident, suicide, or homicide? Specify city or town, country and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of Injury Nature of Injury 19. UNDERTAKER (Address) 20. FILED 10. MAID, 193 Address (Signed) (Signed) (Address) Address M. D. (Address) (Address) Address Address Manner of Injury Nature of Injury (Signed) (Signed) (Address) (Address) Address M. D. (Address) (Address) Address Address M. D. (Address) (Address) Address Accident, suicide, or homicide? Accident, suicide			
What lest confirmed diagnosis? Was there an au'opsy? May be stored and autopay? Was there are an au'opsy? May be stored diagnosis? Was there are an au'opsy? May be stored diagnosis? Was there are un'opsy? May be stored dia	13. NAME Silvester Summers	S. M. SALUTESHILLER	
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Place Out Wood Date Nature of injury 19. UNDERTAKER 1 / Ledge Color of Company of the Color of		Specify whether Injury occurred in INDUSTRY, In_HOME, or in PUBLIC PL	ACE.
19. UNDERTAKER 1 / Ledge Color Complete Color Co	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
20. FILED 10 MM, 1934 Aldered Modrey (Signed) Selfy Aurisp M. D. Registrar. (Address) 3030 Communication and	Place	Nature of injury	
20. FILED 10 MM, 1934 Alderell Modrey (Signed) Selling String M. D. (Address) 3030 Colombia and Care			no-
Corrigination of the second of	20. FILED 10 Jany, 1934 Talawell Modrey	(Signed) Allege Stripp	/M. D.
			an-

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Example I			Example II		
The principal cause of dead of importance were as follow	and related cluses	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	5 3 6	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	3 5	July 5, 1927	Peritonitis	3 days ago	
	415				
Other contributory causes o	f importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

Ferndale / panysend		ADDITIONAL SPACE FOR FURTHER	STATEMENTS BY PHY	SICIAN OCALE
	 Fernall	Premises occupie	i my fine	ur eano

STATE OF MARYLAND—	CERTIFICATE OF DEATH	0137
County Q. Q.	Registration Dist. Np. 2	
Village or City amabolis on	No/09 loathedral st	Wass
(lf	f death occurred in a horpital or institution, give its NAME instead of street and	
Length of residence In city or town where death occurredmos	ds. How long in U.S. If of foreign birth?yrsm	nosds
2. FULL NAME mary m 11	rompoor	
(a) Residence: No. 109 loathedeal	St., Ward.	07
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
OR DIVORCED (write the word)	26	102 4
man	(Month) (Day)	(Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. OI HEREBY CERTIFY That I attended	deceased from
Concret & thompson	Jan 24 1934 to Jan 26	1935
DATE OF BIRTH (month, day, and year) July 3-1875	I last saw h S alive on 19 \$ 3	; death is sale
AGE Years Months Days If LESS than	to have occurred on the date stated above, at	
58 6 2 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	10.1
Trade, profession, or particular		Date of onse
kind of work done, as SPINNER, House Wife SAWYER, BOOKKEEPER, etc House Wife	YP 1 a	
9. Industry or business in which work was dona, as SILK MILL,	Notpliny	280
kind of work done, as SPINNER, House Wife SAWYER, BOOKKEPER, etc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at business in this securation (month and		
10. Date deceased last worked at this occupation (month and year) spant in this occupation		
2. BIRTHPLACE (city of town) many loss	Other Contributory Causes of Importance:	Lea
2. BfRTHPLACE (city or town) (State or country)	totern Velevose	0-0-
13, NAME Land les andor D		de
13. NAME James Conford 14. BIRTHPLACE (city or town)	Manual and a second	
14. BIRTHPLACE (city of town) (State or country) (State or country)	Nama of operation Date of	***************************************
15. MAIDEN NAME On GARGEST Gradity	What test confirmed diagnosis? Was there an :	
- The state of the	23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town) (State or country) (State or country)	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
f-0 51-110	(Specify city or town, county and State	te)
(Address) and apple md	Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PL	AGE.
8. BURIAL, CREMATION, OR REGIOVAL	Manner of injury	
Place leedar Bluff Data fan 28 1934	Nature of injury	
1 Hoppins	24. Was disease or injury in any way rejuted to occupation of deceased?	
9. UNDERTAKER	If so, specify	_
(Address) an alastes - m		
(Address) amagastato - m.	(Signed) Wuy lurus	2 мг

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were Arteriosclerosis	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial neg	hritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	FEB 5 1914	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

TION is very important.

PHYSICIANS should state

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH
DEATH				

STATE OF MARYLA	ND—CERTIFICATE OF DEATH (11)138
1. PLACE OF DEATH	- (87-Z)
County Anne Arundel	Registration Dist. No.
Village or City Grownsville State	Mospitwol St., Ward
Length of residance in city or town where daeth occurred 3yrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) 8mos2ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Thomas Tittle	
(a) Residence: No. Baltimore Maryla (Usual place of abode)	2d St., Ward. If nonresident give city or sown and State
PERSONAL AND STATISTICAL PARTICULAR	
3. SEX 4. COLOR OR RACE black 5. SINGLE, MARRIED, WII OR DIVORCED (write the	January 17th
5e. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of	April 15th 1920 to Jen. 17
6. DATE OF BIRTH (month, dey, and yeer) 1890	last saw him alive on January 17 1934 deeth is seid
	SS than to heve occurred on the dete steted above, at 4:45A m.
44 Onkilown or	min. were es follows:
8 Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. HOUSEMAN	Gerebral hemorrhage 12th Hrs
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete deceesed lest worked et this occupation (month end	
SAW MILL, BANK, etc	
10. Dete deceesed lest worked et this occupetion (month end yeer)	0 40 40
12. BIRTHPLACE (city or town) Maryland	Dther Camtributory Canasa of importance: Jacksonian Epilepsy due to clo
(Stete or country)	Hematoma of 12 years duration
E 13. NAME John Tittle	
13. NAME John Tittle 14. BIRTHPLACE (city or town). Maryland	Name of operation Deta of
(Stete of country)	What test confirmed diagnosis? Wes thara an autopsy?
I Manuel and	23. If death wes due to externel causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) M817 1811U (Stete or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT Hospital Records (Address) Crownsville, Narylan	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC, place
18. BURIAL CREMATION, OR REMOVAL LA CASSAGLA COMPLEXATION Data the 23 "	Manner of Injury
19. UNDERTAKER DANIEL Easton.	24. Was disease or injury in eny way releted to occuration of deceased?
(Addiess) 9/6- Bundylvaneasseme. Bo	Uliman Inso, specify Affin
20. FILED . 15 15 P.	(Address) Crownsville, Neryland M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Evample I

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Evennle II

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis 5 1034	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Admitt Lipril 15, 1920
Died January 17, 1924

N. B.—WRITE PLAINLY, WIT. NFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	ions on back of certificate.
N. B.—WRITE PLAINLY, WITH UNFABING INK—7	mation should be carefully supplied. AGE should	CAUSE OF DEATH in plain terms, so that it ma	TION is very important. See instructions on back of certificate.

STATE C	F MARYLAND-	CERTIFICATE OF	DEATH	00139
1. PLACE OF DEATH	~6°	2.9		00.100
County and	·	Reg	gistration Dist. No. 21	
Village of City West ar	mapoler	No	St.,	Ward
Lamida of college to the control of		death occurred in a horpital or institution, give		
Length of residence In city or town where c	death occurredyrsmos	ds. How long in U.S. If of foreign	. Dirtinfyrsyr	mosas.
2. FULL NAME Will	cam / , / or	2012		
(a) Residence: No. Work	(Usual place of abode)	St., Ward.	nonresident give city or town an	d State
PERSONAL AND STATIST			FICATE OF DEATH	id State
S. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	~	
mu	OR DIVORCED (waite the word)	/ (Mont	ee 8	, 193 4
a. If married, widowed, or divorced	* 100	/(wont	h) (Day)	(Year)
HUSBAND of Cory WIFE of	I I Tolson	22. OI HEREBY CE	RTIFY, That I attende	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	P. 6 X - 18/2	DUC 23 1933	to court	193 4
AGE Years Months	Days If LESS than	I last saw h_tta alive on	a	. A death is said
AGE Years Months	Days If LESS than I day,hrs.	to have occurred on the date stated above, The PRINCIPAL CAUSE OF DEATH and re		
Is out to do not have a state of	ormin.	were as follows:		Date of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		1		
Industry or business in which	STORES	1 / liling	73	Free
work was done, as SILK MILL, SAW MILL, BANK, etc.	<u>~</u>	7 1100000000000000000000000000000000000	-/>/	24
10. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this			mary
year)	occupation	Other Contributory Chases of Importance:		
2. DIK IIII LACE (City of town)	a. Co my	(A)		-A
(State or country)	101 9 Papa	Jamon	any ().	real
13. NAME / Mome	y Joeson			up
(State or country)	anslow	Name of operation	Date of	
I CP	any tollisted	What test confirmed diagnosis?	V - I I - I I I I I I I I I I I I I I I	
15. MAIDEN NAME Journ	an stry cely	23. If death was due to external causes (VIC	The state of the s	•
16. BIRTHPLACE (city or town) (State or, country)	- a m	Accident, suicide, or homicide?	Date of injury	, 19
totale of county)	Bar W	Where did injury occur? (Spe	cify city or town, county and SI	ale)
7. INFORMANT (Address) 4 2 Inches	oursell.	Specify whether Injury occurred in INDUS	INT, IN HUME, OF IN PUBLIC P	LAUE.
8. BURIAL, CREMATION, OR REMOVAL	1 11 51/	Manner of injury		
Place amalda Ond	Date Jane 10 , 19 4	Nature of Injury		
INDERTAKED BY I HODE	me.	24. Was disease or injury in any way relate	ed to occupation of deceased?	
19. UNDERTAKER (Address)	is onl.	If so, specify	///	1
20, FILED / / / 1954	Mushel	(Signed) Allu	- I work	M. D.
, , , , , , , , , , , , , , , , ,	Registrar.	(Address) Little	apple ?	4

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I The principal cause of death and related causes pate of onset of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
	5 1904	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	U V. S.	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of impor	rtance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA

4 1	STATE OF MARYLAND	CERTIFICATE OF DEATH
3/1	1. PLACE OF DEATH	
	county Anne Arundel	Registration Dist. No. 23
of C	Village or City Brooklyn Park	No. 207 Third Aves, Ward death occurred in a horseital or institution, give its NAME instead of street and number)
. 18	Length of residence in city or town where death occurredyrsmos.	
statement	2. FULL NAME TWIN #2 of: Mr. & Mrs.	John S.J. Tormollan
stat	(a) Residence: No. 207 Third Aye.	St., Ward. If nonresident give city or town and State
act	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ed. Exact	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
assified	HUSBAND of	22. , I HEREBY CERTIFY, That I attended deceased from
S C	(d) miles	Van. 15, 1934, to Jan. 16, 1934
y cl	6. DATE OF BIRTH (month, day, and year) and 15, 1934	I last saw h_//4 alive on 97 1, 1934, death is said
be properly of certificate	7. AGE Years Months Days If LESS than I day,	to have occurred on the date stated above, at
pre	Ormin.	were as follows:
of	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	D + R'
may	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Do Date deceased last worked at this occupation (month and	I remalure Dirth
1		(7 Months)
tha	year) occupation occupation	Other Contributory Causes of importance:
erms, so that it instructions on	12. BIRTHPLACE (city or town) Drocklyn Fark Md.	Fyhaustian
instr	13. NAME John S. J. Tormollan 14. BIRTHPLACE (city or town) Balto,	
See See	14. BIRTHPLACE (city or town) Balto,	Nama of operation Nama of operation Date of Date of
S	1 (State of Country)	What test confirmed diagnosis? _ C - J - 1 - C - Q Was there an autopsy? V 1
in .	15. MAIDEN NAME Blanche R. Blottenberger 16. BIRTHPLACE (city or town) Balton Marche R. Blottenberger	23. If death was dua to axternal causes (VIOLENCE) fill in also the following:
H	16. BIRTHPLACE (city or town) Balto	Accident, suicide, or homicide? Date of injury, 19
m po	(Stata or country)	Whera did injury occur? (Specify city or town, county and State)
OF DEATH in preery important.	17. INFORMANT John S. J. Tormollan (Address) 200 Third Ave	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
OF	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
SE	Place to edur Ifel Date Jan (P , 1904	Natura of injury
CAUSE OF DEATH in plain terms, TION is very important. See instru	19. UNDERTAKER A. HUMAND VILLES (Address) To En Fler Dage, Bullo Ma	24. Was disease or injury in any way related to occupation of deceased?
	20. FILED Jan (8, 19 of Ida M. Whilen Registrar.	(Signed) /

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

N. B.—WRITE PLAINLY, WITH

V. S. No. 1

ARGIN RESERVED FOR BINDING

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

UNITED STATES STANDARD CERTIFICATE OF DEATH Wind State State State of occupation - Precise statement of

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

100-4th are.

Frospet 2669

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example 1		Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes Date of importance were as follows:		
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1 2000	i i			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

M	D. Every item of infor- SICIANS should state satement of OCCUPA-
	RECOR.
BINDING	PERMANENT EXACTLY y classified.
FOR	IS A F stated properl certifica
MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE PLA mation should CAUSE OF DI TION is very

STATE OF	MARYLAND—CERTIFICATE OF	DEATH

1	ı	1	8	1	4	1
l	j	1)	1	7	J.

1. PLACE OF DEATH	
County a - a.	Registration Dist. No.
Village or City Eastford	No Bay Plage St., Ward feath occurred by a horpital or institution, give its NAME instead of street and number)
. 71	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME lelesa William	us/
(a) Residence: No. Day Ridge (Usuaiplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wind the word) Married He word)	21. DATE OF DEATH Jan- (Month) (Day) (Year)
5a. If married, widowed, or divorced	
(or) WIFE of Horase & williams	22. I HEREBY CERTIFY, That I attanded decessed from
6. DATE OF BIRTH (month, day, and year) aug 31 - 1879	Hast saw h elive on Jan 30 ,1934; daath is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 3.30.4 m.
59 6 ormin.	wera as follows:
SAWYER, BOOKKEEPER, atc. Hause Wife	Caremama lung "/1/34
	(right)
Mindustry or business in which work was dona, as SILK MILL,	
SAW MILL, BANK, etc	
O this occupation (month end spant in this occupation	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) a a . Co. Many (State or country)	Cyrican C press
(54: 0 -00)	
I	Name of operation ampautation Breagate of 1929
[14. BIRTHPLACE (city or town)	What tast confirmed diagnosis? X 192 Was there an au'opsy?
	23. If death was due to external causes (VIOLENCE) fill in elso the following:
I .	Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town)	Where did injury occur?
17. INFORMANT Horace & Williams (Addrass) Fastfort ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Coldan Bliff Date July 1, 1934	Natura of injury
12 of Hobbing	24. Was disease or injury in any way ralated to occupetion of decaasad?
19. UNDERTAKER (Address) Ama af Colombia	If so, specify
0 1 2/1/ / Munit	(Signed) In alles Marker M. D.
20. FILED Registrar.	(Address) Annapolis Md.

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u> </u>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS	IC		A	I	N	ĺ
---	----	--	---	---	---	---

of many day

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Quena Rundelle	Registration Dist. No. 23
Village or City Brooklyn Park	No. St., Wa
May (li	death occurred in a horpital or institution, give its NAME instead of street and number)
2 4 . 0. 1.	ds How long In U.S. if of foreign birth?yrsmosd
2. FULL NAME MO Sestude Half	
(a) Residence: No. //2 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (which word)	21. DATE OF BEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of John Molt	22. I HEREBY CERTIFY, That I attended deceased from 9-19-32 19 to 1-10-34
CATTOR CONTROL SALE CONTROL	1 - 14 - 2 24
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw have alive on, 19; death is sa
HO 3 76 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Arede profession or particular	were as follows:
kind of work done, as SPINNER, Pouse use & SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occuration (month and	Carunoma & left breset 1929
10. Date deceased last worked at this occupation (month and year)	· · · · · · · · · · · · · · · · · · ·
12. BIRTHPLACE (city or town) Survey	Other Contributory Canses of importance:
(State or country)	Carcinomatorio - (Ketatare 5 1932
13. NAME Not Known	will along -
13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town)	Name of operation Brand Computation Date of 1929
(State of country)	What test confirmed diagnosis? X-Ray Was there an au'opsy?
15. MAIDEN NAME / Of Knozum	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME / CHARGE (city or town) / Character	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Plans Application (Address) 112 sensential trans	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Maria Gast Oate of M. 17. 1924	Nature of injury
19. UNDERTAKER William Cooks (Address) 12 17 St Poul Biothings	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Jan 16, 1934 Ida M. Whatan Resistrat.	(Signed) awrence Dena M. (Address) 1009 amapolis Blil
	2411 N. Charles Street, Baltimore Requesting 71 S No. 7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	* 1	
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
uly 5,1927	Peritonitis	3 days ago
A sales		
7	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
-	1921 uly 5,1927	1921 Run over by street car uly 5,1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAN	D-CERTIFICATE OF DEATH 00143
1. PLACE OF DEATH	<u> </u>
County ()	Registration Dist. No.
Village or City Amaforlis In	No. St., War (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs	How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Marsel to Wight	
(a) Residence: No. 18 SEL and	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	S MEDICAL CERTIFICATE OF DEATH
1. SEX 1. COLOR OR RACE 2. SINGLE, MARRIED, WIDGOR DIVORCED (purite the Sunger	yord)
a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREB CERTIFY, That I attended deceased fro
DATE OF DIRTH (math 4 and) Feb 27 192	3
b. DATE OF BIRTH (month, day, and year)	I last say hearth alive on
AGE Years O Months O Days II I I I I I I I I I I I I I I I I I	
Total Control of the	min. were as follows: Date of ons
Trede, profession, or particular kind of work done, as SPINNER, School Boy SAWYER, BOOKKEPER, etc.	ne myocarams
SAWYER, BUOKKEEPER, etc.	
kind of work done, as SPINNER, SChool 13 oy SAWYER, BOOKKEEPER, etc. 1. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10: Date deceased last worked at this occupation (month end year)	
2 PIRTHRIACE (city or town) amaliolio	Other Contributory Causes of importance
2. BIRTHPLACE (city or town) WWW (4) 10 40 (State or country)	acute ingramating
	Thekmalan 366
The factor of the same of the	74
13. NAME Stanley Wright 14. BIRTHPLACE (city or town) Fring & Insesse ((State or country)	Name of operation
	What test confirmed diagnosis? Clause 49 Was there an au'opsy?
13. MATDEN NAME (SCATA / VIO	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Clara Hollon 16. BIRTHPLACE (city or town) ann of the country)	Accident, suicide, or homicide?
(State of County)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT STANKY Wright,	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) & amaly olio 8. BURIAL, CREMATION, OR REMOVAL	maj
R PARA 1/1	Manner of injury
0 11 0 0	Neture of injury.
19. UNDERTAKER Q-11.13 Tarper	24. Was disease or injury in any way related to occupation of deceased?
(Address) 47. Washington 811	if so, specify
20. FILED / 9 , 19 34 Min Star	(Signed) J. William M.
Smore blanks are needed address fire	istrar. (Address) / Cumapolla M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage FECFIVED	July 5,1927	Perilonitis	3 days ago	
FFR 5 1934				
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
**************************************	**			

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Chan and	(T.E) Desirtation Dist at 2-3%
No.	Registration Dist. No.
Village or City	No. St., War feath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whare death occurredyrs,mos	sds. How long in U.S. If of foreign birth?yrsmosd
2. FULL NAME Trans Ramas ye	agy
(a) Residence: No. Seren (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) 4 (193 Y (193) (Vest)
5a. If married, widowad, or divorced HUSBAND of	(Toal)
(or) WIFE of Rose norm kagy	22. HEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, day, and year) Sept. 15, 1878	l last saw h alive on Say 39 193 K; death is sa
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 2 10 mA. M.
57 3 19 1 day,hrs.	
8 Trade profession or particular	Chronic Meiore de tales Date of one
kind of work done, as SPINNER Caste	
Mork was done, as SILK MILL.	,
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date dacased last worked at this occupation (month and	-
10. Date dacased last worked at this occupation (month and year)	
Cette	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town)	Gotteniselenn.
	Carllinstrian Mudion.
19	asternal 17 9 plate is for
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis?
9 11/1	23. If daath was dua to extarnal causes (VIOLENCE) fill in also the following: Accidant, suicion or homicide?
16. BIRTHPLACE (city or town) (State of country)	Accidant, suicide or homicide?
17. INFORMANT / sellen yeary (Address)	(Specify city or town, county and State) Specify whether injury occurred a UNOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Ever green Selybring 1-6, 1934	
19. UNDERTAKER Han book per (Address) Ballinge and	24. Was disaase or Injury In any way ralated to occupation of decaased?
20. FILED on of 134 It. Jones Deph Leas Registrar.	(Signad) (Addrass) M.
If more blanks are needed, address State Registrar	24 1 N. Charles Street Baltimory Robusting T S 18 184

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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		Example II	
causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
7	d 1921	Run over by street car	1 week ago
13	Jan 5,1927	Peritonitis	3 days ago
17	0 6		
12	3	Other contributory causes of importance:	
13	May 1,1923	Gastroenteritis	1 year
1	*		
	causes	1915 1921 Fig. 5,1927	of importance were as follows: Attack: of epilepsy Run over by street car Fully 5,1027 Peritonitis

TION is very important. See instructions on back of certificate.

Ļ			OF MARYLAND-	CERTIFICATE OF DEATH	00145
1.	County		Wes-	Registration Dist. No	21
	Village or C	city Waterbury	A A	NONONo	
2.	FULL NA (a) Residen		(Usual place of abode)	St., Ward. If nonresident give city or t	
	PERSON	IAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DE	ATH
3. SE	x_	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 20	, 193 3 4
	married, widow HUSBANO of (or) WIFE of	ved, or divorced	- July C	(Month) (Oay) 22. 1 HEREBY CERTIFY, That I	ettended deceased from
		(month, day, end year)	an 20 - 34	1 last saw h.4 — on John 2 D	19.3.4.; death is said
7. AG	E O Yea	ors O Months	O Oeys If LESS than 1 day, O hrs. or Or min.	to have occurred on the date stated above, at Jm. The PRINCIPAL CAUSE OF DEATH and related causes of importativere as follows:	
NOI	8. Trade, profe kind of v SAWYER	ssion, or perticular work done, as SPINNER, , BOOKKEEPER, etc	non-	Premalun reparation	Oata of onset
OCCUPATION	work was	business in which s done, as SILK MILL, LL, BANK, etc		prynag -	
8 1	this occu	ed last worked at pation (month and	11. Total time (years) spent in this occupation	Other Contributory Causes of Importence:	
12. B	IRTHPLACE (ci (State or cou		elle stol 100%.	Other Commission Causes of Importance.	
E E	3. NAME	Removed 4	oun		
FATHER	4. BIRTHPLACE	(city or town)	luttin, I reland	Name of operation	-07
2	5. MAIDEN NA	ME Mall a	Zmales Leures -	What test confirmed diagnosis? Was t	
티	6. BIRTHPLACE	(city or town)	Unkrolin.	23. If death was due to external causes (VIOLENCE) fill in elso the Accident, suicide, or homicide?	
17. ft	FORMANT	7 atte		Where did injury occur? (Specify city or town, county Specify whether injury occurred in INOUSTRY, in HOME, or In PU	and State) BLIC PLACE.
18. B	Place CHEMAT	TION, OR REMOVAL	Hopelet 19	Manner of Injury	
19. U	NOERTAKER (Address)	Rufi P	Winder	24. Was disease or injury In any way related to opcopation of decer	ased?
20. F	LED. 1.2	5 ,19.25 4	Must Registrar.	(Signed) (Address)	1186/ M.D.
		If more	blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	11	Example II	
The principal cause of death and related caus of importance were as follows: Arteriosclerosis	13	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial neparitis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FEB 5 1901	July 5, 1927	Peritonitis	3 days ago
BUDEAT			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	CERTIFICATE OF DEATH 00146
1. PLACE OF DEATH	39)
County Anne Arundel	
Village or Citynnapolis (I	No. Binergency Hospital St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
Length of residence in city or town where daath occurredyrs,mos	sds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME AMELIA C. ZANG	bora
(Usual place of abode)	MCSh, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
female 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH January 19, 193 4 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(idai)
(or) WIFE of Wm. J. Zang	22. JHEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Aug. 11. 1875	I last saw her alive on Jan. 9, 1934; death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3 F. m.
58 5 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, HOUSEWIFE SAWYER, BOOKKEEPER, etc.	Caranary Thrambasis Date of onest 1/19/34
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
The Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Galesville, (Stata or country) Maryland.	Other Contributory Causes of Importance Insufficiency 1/1, 34
# 13. NAME P. Clement Siegert	Drabetes Unkus
13. NAME P. Clement Siegert 14. BIRTHPLACE (city or town) (State or country) Germany	Name of operation
	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME <u>Natilda Hartee</u> 16. BIRTHPLACE (city or town) (Stata or country) Germany	Accident, suicide, or homicida? Date of injury 19
17. INFORMANT Anna Z. Stinchcomb (Address) Eastport A. Co. Md.	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Quaker Burial Grate Jan. 21,1934	Nature of injury
19. UNDERTAKER John M. Taylor, (Address) Annapolis, Md.	24. Was disease or injury In eny way related to occupation of deceased? To If so, specify (Signed) A Willia Markins M. D.
20. FILED / 20 , 1934 AM SERVING.	(Address) Omas aboles md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related chuses of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		Laure 1 and	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	RFURTHER	STATEMENTS	BY	PHYSICIAN